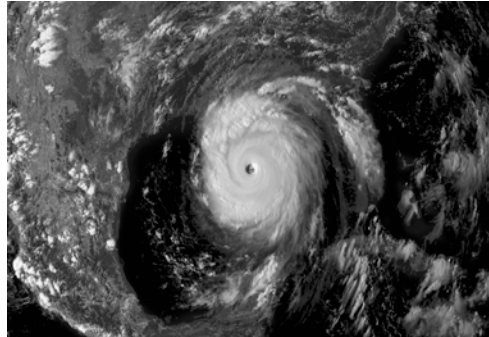


Hancock Medical Center

August 29, 2005
Hurricane Katrina Strikes
Mississippi Gulf Coast

Hurricane Katrina



Bay St. Louis & Hancock Medical



Hancock Medical Center

- Constructed 1987
- Renovated for additional services 3 times, most recently in 2003
- Licensed for 104 beds
- Acute care facility
- JCAHO accredited
- No other hospital in the county
- 60 miles from New Orleans

Pre-Hurricane Planning

- Transfer and discharge of as many patients as possible
- Secure supplies and develop staffing schedules
- Move remaining 37 patients from the second floor to first floor away from windows

The Unexpected

- 32-foot wall of water hits Bay St. Louis
- Surge flows into the area, down the street and into the facility
- Staff moved patients back to the second floor just before power is lost
- Everything on the first floor is submerged or left sitting in water

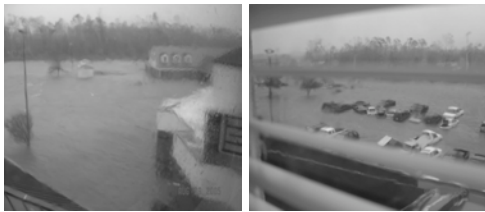
The Unexpected

- Power outage and restoration within 3 hours
- No means of communicating with anyone

Generator Building Floods



Parking Lots



Elevator Lobby



First Floor Patient Room



The Immediate Task

- Safety of patients and staff
- Organizing daily activities
- What to do when volunteers offered help
- Discarding ruined supplies and fixtures
- Cleaning and reclaiming the facility for immediate use

Medical Records



Destroyed Office Equipment



Daily ESF-8 Meetings



Everyone Works

- Staff retained
- Essential to reopen and provide necessary medical care to county residents
- Staff used as clean up crew and painters
- Cared for 800 patients in the damaged ER suite

Temporary Quarters



NDMS Units



Compassionate Fatigue

- Staff was dealing with the same issues as their patients
- Listening was sometimes all the help that could be offered
- Professional counselors and therapists were brought in
 - Staff afraid to “let go” for fear they could not muster the strength to continue doing what needed to be done

No One is Different

- A benefactor donated a number of camper trailers to staff
- Physicians and management alike lived in these trailers until homes could be rebuilt
- Staff humbled by the outpouring of assistance by volunteers
 - Unable to process what volunteers could do to help

Patient Unit Rebuilding



The Comeback

- October 5, 2005
 - Reopened emergency department
- October 12, 2005
 - Opened 40 beds
- December 2005
 - Reopened surgery
- January 2006
 - First newborn delivery

The Comeback

- Regaining a sense of making things better
 - Funding productive ventures such as the Kaboom playground in front of the hospital
- Students held a health fair in outlying areas where transportation was an issue
- How long will case workers and faith based organizations remain to help?

New Normal

- Staff with no local ties left
- 47 beds versus 104
- Additional tasks added to everyone’s job
- Residents are dependent on free services
 - Who will take care of the uninsured in the future?
 - Can the hospital continue to do this?

New Financial Reality

- \$33 million in facility damage
- New patient base of the working uninsured
- Charity care of about 22% of gross revenues as compared to pre hurricane level of about 7%
- Physicians working hard to regain a patient base

New Financial Reality

- No FEMA reimbursement to date
- Residential areas have moved about 5 miles away

Do It Differently

- Move staff cars to safer location
- Learn FEMA process to ensure production of necessary documentation and acceptance of FEMA reimbursement requests in a timely fashion
- Store valuable materials in plastic bins

Do It Differently

- Provide staff at shelters with 800 MHZ radios
- Remove satellite dish from roof in advance of a storm
- Do not bring families of staff into the building to lock down
- Conduct a hazard vulnerability assessment (HVA) every year and modify plans

Do It Differently

- Be an active partner in all local planning
- Invite response partners to exercise with the hospital
- Secure an annual Board resolution that authorizes hospital to make emergency purchases

Mitigation

- Developing checklists so someone with no knowledge of the facility could come in and work
- Improved cooling plans
- Improved vendor relationships
 - signed MOUs in place
- Created a foundation to pass money through for employee relief efforts and to coordinate free care

Mitigation Actions

- **5 staff trained and licensed as HAM operators**
- **Installed a repeater with a hospital designated frequency**
- **Improved vendor relationships**
–signed MOUs in place
- **Elevated facility generators**
- **Installed a small gasoline fuel tank**
- **Purchased a facility vehicle**
- **Purchased 24 additional handheld phones**

The Future

- **Continue the local emergency preparedness committee relationships**
- **Continue to meet and plan with critical response partners**
- **Exercise with your partners**
- **Try to regain a sense of making things better**

Contact

Hal Leftwich, DBA, FACHE
Administrator, Hancock Medical Center
149 Drinkwater Blvd
Bay St. Louis, MS 39520
(228) 467-8600
hleftwich@hancockmedical.net