Flash Flood: Crisis Communication Challenges at a Regional Medical Center

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Introduction

Lynne Maguire, Chief Strategy Officer at Columbus Regional Hospital, had crafted countless communication plans during her years of work in strategy, marketing and communications, but never one like this. Earlier in the week, Columbus Regional Hospital (CRH) experienced a disaster on a scale few other hospitals have survived – a flood of historic magnitude severely damaged the hospital, forcing it to close its doors for the first time in its 90-year history. In a matter of minutes, the flooding destroyed several critical functions and systems, including the laboratory, pharmacy, information services, food services and the mechanical and electrical systems. Now, Maguire and her team have been asked to prepare a communication plan that would address the communication needs of all of the organization’s key stakeholder groups.

The Night of the Flood

Earlier in the week, as CRH CEO Jim Bickel and Martha Myers, Manager of Risk and Safety Services, walked to their cars in the afternoon sunshine, they chatted about the heavy rain that had pounded the city all morning. They were leaving a meeting at the County Office of Emergency Management where law enforcement personnel, first responders and crisis preparedness champions had gathered to assess the aftereffects of the strong storms. Flooding was expected to cause temporary road closures near the hospital and Bickel and Myers made plans to divert traffic coming to the hospital if necessary. No one at the meeting, or in the community, anticipated either the magnitude of the looming crisis or its implications for CRH.

By 4 p.m., water from a nearby creek was spilling over its banks and onto the hospital’s north parking lot as well as the access road behind the hospital, something that had never occurred before. Employees and visitors were asked to move their vehicles from the lot. Within minutes, water began filling the main parking lot and heading towards the hospital’s loading dock. As floodwater reached the loading dock doors, the hospital’s basement was evacuated and the management team quickly convened to determine whether or not evacuation of the entire hospital would be necessary.

As the management team assembled in the first floor conference room, they heard a knocking sound coming from the floor below. A visit to the basement stairwell revealed the source of the knocking. Water in the basement – where several critical functions of the hospital, including the
laboratory, pharmacy, information services center, medical records and food services are housed – reached the top step of the stairwell and had lifted a bed 10 feet off the flood, causing it to knock against the ceiling. Water continued to rise in the basement and within minutes began to pour into the hospital’s ground floor through electrical outlets and air vents. Bickel later recalled that images of the patients in New Orleans being evacuated from second and third flood hospital windows in the aftermath of Hurricane Katrina were vivid in his mind as he ordered the immediate evacuation of the entire hospital.

While the hospital team had developed plans to respond to a crisis, including participation in a mock mass casualty exercise 18 months earlier, nothing prepared them for flash flooding or the swiftness with which events unfolded. The hospital’s previous drills had focused on simulating catastrophes that might cause an influx of patients rather than the evacuation of patients. “We never thought we’d have to completely evacuate our facilities,” said Myers. “We had always practiced partial evacuations as is routine in preparing for fires. No one anticipated flooding.”

Nor did anyone expect the total loss of telephone service. Housed in the building’s basement, the hospital’s central telephone system was under water. Two-way radios also failed so staff relied on personal cell phones and word of mouth to communicate with one another while news crews assembled outside the hospital reporting the devastation to the community at large. As they witnessed the unbelievable events taking place at their hospital on television and heard reports on the radio, off-duty CRH physicians and staff began to make their way to the hospital to help their colleagues and provide care for patients. Area first responders, including the Mayor, Fire Chief, state police, U.S. Marines from a nearby training facility and members of the National Guard, also gathered at the hospital to assist with evacuation and placement efforts.

CRH enjoyed an excellent relationship with the community and members of the community helped as well. Passers-by in vehicles pulled over to the side of the road near the hospital and asked how they could assist. Many helped hospital staff transport patients, equipment and supplies and consoled those who were worried and scared. As night fell, local residents supplied emergency generators to power lights in the hospital’s parking lot, which had become a staging area for evacuation and transport efforts. Local residents, restaurants and retailers provided food for patients and relief workers.

The flooding had forced rescue workers, staff and volunteers to evacuate patients through one exit on the southeast side of the building. A laptop computer perched atop a three-foot high stepladder became a makeshift command center where physicians and nurses recorded notes and accounted for each patient’s evacuation and relocation. For many volunteers, evacuating patients meant wading through knee-high water to the hospital’s emergency department and moving floor by floor and unit by unit to carry patients on stretchers and in wheelchairs down dark, wet flights of stairs because power outages rendered the elevators inoperable.

On the seventh floor – the last to be evacuated – patients clustered near open windows to get fresh air and find relief from the heat and humidity permeating the building. Nearby, a physician stood ready to assist two premature infants in the neonatal intensive care unit in the event that either needed acute care while they waited to be airlifted to another hospital. As evening
approached and patients remained in the hospital, there was a renewed sense of urgency to clear the building while there was still daylight.

Outside, nearly 30 yellow school buses had arrived to assist in transportation efforts while helicopters hovered in the sky waiting to collect the most critical patients for transfer to other hospitals. CRH staff continued efforts to relocate patients to the right facilities to address their specific care needs – from mental health and cardiology to obstetrics and oncology – as opposed to just transferring patients to hospitals with available beds. Hospitals around the state stepped up to help in the midst of the crisis.

As night moved in and the last patients were helped from the building, a small team of hospital leaders, accompanied by security personnel, walked through the dark hospital twice, searching each closet, bed and bathroom for patients or incapacitated employees who may have been left behind. They drew a large black “X” in permanent marker over the door of every room after they completed their search. Within three and one-half hours of the order to vacate the hospital, it was completely empty.

An article that appeared in the local newspaper (Figure 1) described the challenges of the initial evacuation to a supportive, yet stunned community that was reeling from the large-scale devastation of the flood. Immediate concerns and communication challenges revolved around locating friends and family members who had been taken to other facilities. A church located in the neighborhood became the frontline communications command post for this information.

**After the Flood**

Columbus Regional Hospital was founded in 1917 as a county-owned not-for-profit hospital. It was located in a small Midwestern town in a county of approximately 70,000 residents, about a 45 minute drive from a major Midwestern city. Before the flood, CRH was a regional medical center serving about 10,000 in-patients annually with about 200,000 out-patient visits. CRH employed approximately 1800 employees in the hospital, satellite clinics and various physician medical practices in its service area. There were approximately 250 physicians on staff serving a 10 county area with a population of 300,000. The hospital’s services included comprehensive cancer treatment, digestive disorders, cardiac surgery, rehabilitation services, a Lung Institute and the usual core hospital services. The hospital was the second largest employer in the county, which was also home to many manufacturing businesses. It was known for its award-winning facility, clinical excellence, outstanding service, and as a “best place to work.” An aspirational vision served as the organization’s guiding principle – *to be the best in the country at everything we do.*

In the days after the flood, those who were working to restore order on campus were using outdoor picnic tables and tents along with their personal cell phones as their offices. No one was even allowed in the crippled facility because of safety concerns. All 1800 hospital employees were in limbo, waiting to hear about their jobs and their paychecks. These were the days just shortly before Twitter and Facebook and the hospital CEO was communicating with employees through local radio stations and the newspaper. Because there was no other hospital or emergency room in a 30 mile radius, the community was concerned about when the hospital
would reopen. The medical staff was understandably concerned about their patients and their livelihood.

As the recovery work began, key issues and decisions were being managed through daily Command Center meetings. As Maguire walked to the set of picnic tables across the parking lot where the management team was gathering for one such meeting, she was thinking about the article that had appeared in the local paper that morning. (Figure 2). The article outlined what was known about the damage estimates, financial implications, and recovery timelines related to the flood. The article also made public CRH’s pledge to continue paying employee salaries and benefits for at least three months. The article touched on many of the communication challenges that were running through Maguire’s head. How do we keep communications alive with our employees? What do we tell our community? How do we mitigate the risk of losing physician loyalty while they are practicing at other hospitals in the region? She couldn’t help thinking that she was facing a myriad of issues that neither the hospital’s disaster planning, her past experience, nor her prestigious MBA had really prepared her very well to meet. This was uncharted territory.

Command Center Meeting

Jim Bickel opened the meeting and, as had become the custom, suggested that they do a go-around to identify and review key issues. Most pressing on everyone’s mind was the need to finalize the strategy for dealing with the employees. With 1800 employees, CRH was one of the largest area employers and the management team felt the weight of this as they considered their options. In the months leading up to the flood, CRH had been building its reserves in preparation for a major facility expansion project, and had $130 million in savings. Marlene Weatherwax, Chief Financial Officer, reminded the group that this amount represented approximately 250 days of cash on hand (CRH’s average daily expense was about $500,000). “As we use some of the reserves to meet the employee payroll and benefits, we can anticipate a cost of approximately $10 million per month. We need to manage our reserves carefully because it may be weeks, or even months, before we see any payments from FEMA (Federal Emergency Management Agency)” The team also discussed how the employees would be deployed during the time that the hospital was closed. After a lively discussion, it was decided that some of the employees would be put to work on helping to restore the facility, some would be temporarily deployed to other hospitals in the region, and some would be deployed to not-for-profit agencies in the community that were supporting victims of the flood.

“In order to continue meeting our payroll, we will have to figure out a system to make that happen.” Chief Information Officer, Diana Boyer chimed it. Boyer went on to share that when contractors had pumped the last of the water out of the basement and members of the IS team were finally able to assess the damage to their equipment, they were shocked and saddened by what they saw. “Server racks were in disarray and dripping with mud. Bariatric beds were strewn about and a narcotics vault in the pharmacy had been knocked through a wall and was resting in another room” she described. “To see all of the systems we had worked so hard to build over the years destroyed by the flooding was difficult, but we are working to get a plan in place” she shared. Boyer felt that working to the IS team’s advantage was experience and excellent record keeping. Nearly everyone on the team had worked together for over a decade to
build the hospital’s information system infrastructure and because they were so familiar with the various systems, rebuilding and restoring efforts could be expedited. “But, with that said, we currently have no information systems up and running” Boyer concluded.

There was also concern about maintaining positive connections with the physicians who practiced at CRH. The previous day the local paper had published an article (Figure 3) in which Bickel was quoted as saying “It could take months before operations return to a pre-flood status.” The article went on to report on plans for patients to be redirected to other hospitals in the region as well as plans for physicians to quickly establish privileges at these hospitals. At this point, Lynne Maguire jumped in to share information about phone calls she was receiving from competing hospital systems. “I have had phone calls from other systems with offers of support, but I also got a clear sense that they see this as an opportunity to explore expansion of their operations into this region. We need to be sure and manage perceptions and relationships carefully so that our weakened position doesn’t harm our competitive advantage or our relationships with our medical staff” Maguire stated. Others around the table nodded in agreement with little enthusiasm.

The meeting continued for some time with other critical issues and communication challenges being raised, such as: the overwhelming magnitude of the clean up, including issues related to bio-hazardous waste; the crisis created by the lack of emergency services in the area; the need to secure financial resources; and, communication and engagement strategies for different stakeholder groups. The meeting ended with a general discussion of the fact that the crisis being faced by the hospital was taking place against the backdrop of a community in which many businesses and neighborhoods had also been devastated by the flood.

Bickel, realized that the conversation was going to get out of hand very quickly if decisive action wasn’t taken, so he concluded the meeting with some summary directives.

“From our conversation it is clear that, among other things, we need a communication plan that includes key messages for all of our important stakeholder groups, including employees, physicians, the community. We not only deliver a service, but are trusted partners with the community. As such, we have a responsibility to create a sense of reassurance that keeps the community and other institutions from inappropriate panic and responses. I would like to reconvene in another four hours to see what your initial thoughts are. Lynne, you can take the lead on this piece. As I told the newspaper earlier in the week, this is a great hospital, and we will get back there, but it’s going to take a lot of work.”

Epilogue

When all was said and done, CRH incurred more than $200 million in damages, although this figure was not known for many months. One unforeseen opportunity that the crisis presented was time to review and improve organizational processes. Workgroups had the time to assess their own processes and equipment and to identify opportunities to increase efficiencies and
service. Meanwhile, those who were temporarily deployed to other hospitals throughout the state during this time came back eager to share the best practices and new approaches to which they had been exposed. This opportunity laid the foundation for the development of a cutting edge Innovation Center, which has become a cultural and operational centerpiece within the organization, region, and industry.
CRH losses hit $125M

By Kirk Johannesen
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Columbus Regional Hospital now estimates its total damage from the June 7 flood at $125 million, a figure that will increase when more costs are known.

The largest cost is for the first floor and basement, which comprise nearly half of the hospital’s square footage.

Cost to repair the first floor is $92 million and $45 million for the basement.

“While the number may seem shocking at first, it is not surprising given the extent of the damage across our hospital,” said Jim Biedler, CRH chief executive officer.

CRH previously said the damages would be at least $33 million.

Higher cost expected

Dave Lenart, CRH director of facilities and materials management, worked with the hospital’s senior leadership and contractors to arrive at the estimated cost, which includes only property and equipment.

The estimate was determined Wednesday evening in anticipation of presenting it to Federal Emergency Management Agency on Thursday.

Not included in the damage estimate are costs for cleanup, temporary generators for lighting, loss of business and employee salaries.

Costs for inventory and supplies were known because of past history of the costs.

Vehicle and property costs were based on market values.

McCarthy Construction was consulted for the building construction costs, and a dollar amount was applied to the square footage that has to be repaired.

“Working in construction and plant operations, I had a good feeling of...”

(See CRH on Page A3)

CRH

(Continued from Page One)

what the dollar value was going to be, so I’m not that surprised by the number,” Lenart said.

“I’m not happy with it, but it’s what we’re going on. It hurts.”

One good thing, Lenart said, is that vendors and contractors are working to expedite help and “change internal red tape” to provide help.

“That’s been a blessing,” he said.

Determining the estimated costs of damage has not helped present a clearer idea of a timeline for the hospital’s recovery, and when each service would be restored, Lenart said.

He expects a timeline to be determined next week. CRH would be without services in the basement for “quite a while,” Lenart added.

Financial questions

How much assistance CRH can receive from FEMA or state agencies is not known, said Denise Glessing, hospital spokesperson and director of marketing and planning.

CRH also is trying to determine how much of the damage will be covered by its flood and business interruption insurance.

The hospital has $30 million in savings, and up to $80 million has been pledged to pay salaries and benefits of employees for at least the next three months.

CRH damage

Estimated damage to Columbus Regional Hospitals, in dollars, sustained from flooding June 7, which closed the hospital and prompted the evacuation of 157 patients.

Equipment and inventory

Replace equipment: $25 million

Inventory in pharmacy/other supplies: $4 million

Replace 5 vehicles (includes 1 ambulance): $236,000

Building

Basement: $42 million

First floor: $52 million

Repair 2 Medical Office buildings: $1 million

Value of three houses severely damaged: $250,000

Repair Lincoln Park building: $100,000

Other buildings/grounds:

$150,000

TOTAL: $125 million

(Note: This figure is not final and will include other costs.)

—Source: Columbus Regional Hospital

That money had been planned for CRH’s expansion and renovation project, which has been delayed.

The remaining $100 million represents approximately 90 days’ cash on hand. Each day represents an organization’s average operating expense, CRH’s average daily operating expense is about $99,000.

Financial management practices and general industry and financial market guidelines require that hospitals maintain a certain number of days of cash on hand in their savings accounts, according to Marlene Wether wax, CRH chief financial officer.

“These savings are important to manage unexpected circumstances, ensure operational funds to pay bills regardless of income flows and meet bond and financial loaner requirements,” Wether wax said.

CRH will build a comprehensive financial plan for long-term stability once it knows what money will come from additional funding sources, Wether wax said.

Those sources include:

• Insurance payments.

• FEMA and other government resources.

• CRH Foundation funds raised.

• Loans and bonds.

• Revenues from services as they open.

The hospital has not determined if it will need to dip into the remaining $100 million to cover costs.

“It could be an option, although we have to strongly evaluate how much can be used without putting the hospital at financial risk for the future,” Wether wax said.

Figure 1: CRH losses hit 125M
Staff Reports
Columbus Regional Hospital is closed indefinitely due to flooding, CEO Jim Bickel said Sunday.
CRH sustained millions of dollars in damage because of flooding in the basement and on the first floor.
The basement included the pharmacy, food services, laboratories, a sterile surgery support area, linen service, supplies and information technology.
CRH was trying to move its information technology equipment and data to the InfoTech Center.
Bickel said CRH on Saturday evacuated 115 to 120 patients, including three who were on life support, to other area hospitals.
A triage area by the hospital’s emergency department has been established. Ambulances are standing by and helicopters can transport people to other hospitals, if necessary.
Treatment at CRH should be reserved for emergencies. Bickel urged people seeking help to first try contacting their family physicians, or seek treatment at hospitals in other communities.
CRH is not admitting new patients.
When CRH decided to evacuate its patients Saturday, it evaluated all of them and determined which ones took priority. Critical and cardiac care patients were evacuated first.
Riley Hospital in Indianapolis rescued two infants that were in the newborn intensive care unit.
CRH could not use elevators. Patients were transported by backboards, wheelchairs and carts.
“Everyone knew their job and what they had to do,” Bickel said.
Bickel said evacuation of all the patients was possible because of great cooperation from area hospitals and emergency medical services.
Two Lifeline, two PHI Air Medical and one AirEvac helicopter were used for evacuations. Ambulances from every surrounding community lined 17th Street, ready to evacuate patients.
“That says a lot about people coming together to make things happen,” Bickel said.
The 17th Street bridge leading to the hospital over Haw Creek has not collapsed, despite rumors, and is open to the public, Bickel said.
However, the 18th Street bridge leading to the hospital parking lot is damaged.
Figure 3: CRH recovery to take months; patients redirected

CRH Recovery to take months; patients redirected

THE FLOOD OF '08

By Krist Jachimowski

CRH employees

If you’re sick:

1. Call your doctor or go to the nearest emergency room.
2. Fill your prescription.
3. Make sure you have transportation home.

If you need further assistance:

Contact your local health department.

To order a physical copy of this article:

Call 1-800-555-7777

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References

