

# Interview with Hillcrest Baptist Medical Center

---

Hillcrest Baptist Medical Center is a fully-accredited, 310-bed acute care facility in Waco, Texas. I had the privilege of sitting down with Hillcrest to discuss the West, TX explosion. The group included Glenn Robinson, FACHE, CEO; David Argueta, FACHE, VP Operations; Dr. Jim Morrison, CMO; and Marcy Weber, CNO, Hillcrest Medical Center. The team and I were excited to meet, but as we began our conversations, the sense of excitement quickly dissipated to a sense of melancholy as the events began to resurface. Although the mood had slightly changed, the sense of pride and compassion was imminent.

**David Perez:** *On behalf of the ACHE Central Texas Chapter, I would like to thank you for this meeting. We want to praise the Waco, TX area and community for their incredible response to the tragedy in West, Texas. These incidents are never welcomed, but hospitals must prepare for the worst. First off, how well prepared did you all feel?*

**Glenn:** Before we begin, we want the community of West, TX to know our thoughts and prayers will always be with everyone affected by the explosion. The fire and blast at the fertilizer plant was indeed a tragedy, but through the incident heroes were born and we will never forget those who lost their lives in the blast. The families of West, TX will always be in our hearts.

At the time of the alert, 250 doctors, nurses, and staff immediately responded and arrived at Hillcrest in less than an hour. The response from our staff was incredible. Before I arrived, there were over 50 personnel gloved and gowned ready for whatever was going to walk through the door.

Because we are a part of a system, we felt prepared, equipped, and confident to handle the incident. We were in immediate talks with Scott & White Memorial Hospital and McLane Children's Hospital in Temple, Texas. That mutual support is extremely valuable. I stayed connected to Brett Esrock, FACHE, CEO, Providence Hospital in Waco 2 to 3 times an hour to share the capacity and capabilities of each location. The command centers at both locations were functioning beautifully.

**David Argueta:** Through preparedness and planning with the RAC, we were able to establish caches of supplies at the warehouse. Trucks were ready. What they had in place worked. Our region would participate in RAC drills, and people were ready to go. At the same time, operating rooms were clearing and we are fortunate to have the physical space for community capacity. It was a huge safety net.

**Glenn:** Our trauma coordinator, Lori Boyett, deserves a tremendous amount of credit. She and David came up with practice events and simulations to help prepare us for such an occurrence. Her role in this whole process was amazing; we are blessed to have her.

**David Perez:** *In the event of mass tragedy, other community members don't exactly put their illnesses and injuries on hold. How did the workflow process unfold between the wave of incoming West patients and "regular" patient care operations?*

**Marcy:** First, we have to say we were blessed with a previous occurrence. The night before the explosion we were a full house. The day of, we discharged a significant amount of patients, and that made many rooms available. We are thankful this happened; things might not have gone as smoothly.

When West patients started arriving, the ER doctors and staff started falling into this sort of groove. There was an assigned doctor and nurse to every patient; everyone was cared for in real time. We opened up a large recovery area, and when the OR increased throughput, we had a bay ready for those patients. We were fortunate to have many treatment rooms available. Needless to say, we were able to differentiate our West patients from our non-West patients and continue to provide care to everyone.

**Jim:** In the beginning, we were not exactly sure what was going to walk through the door. The explosion blew out one of the cell phone towers so some of our communication pathways were cut off. We saw a high influx of walking wounded coming through the door, evacuating from mostly private vehicles. We then modified our plan and quickly opened our primary care medial office in the adjoining medical office building, and organized our walking wounded to be treated there.

**Marcy:** We knew there would be critical patients coming soon and we wanted to make sure we started their treatment immediately. But unfortunately, the critical patients never came. We painfully learned because of the explosion, they were just gone.

**Glenn:** Our chaplains were remarkable. They had the hard conversations with families. I feel no one is better prepared to have those hard conversations with families than our chaplains. The concierge staff was incredible as well. They greeted news media, helped people with directions, guided people to where they needed go, and supplied helpful information. They were a point of first contact and were an incredible asset to the process.

We quickly opened the auditorium for the families needing to find family members. Having them in one location was crucial for organization. The chaplains, concierge staff, and volunteers spoke with all the families looking for their loved ones, and communicated the information to the command centers. Not only did they stay in communication with Hillcrest, but Providence and the other hospitals involved in the effort.

**David Perez:** *The night of the explosion, my brother sent me a text telling me to turn the TV to CNN. When I did, the first voice I heard was yours, Glenn. How did you all handle the media so well, and what advice would you have for our ACHE Central Texas members regarding the media?*

**Glenn:** We were taken by surprise with the national exposure of the West explosion. We had all major networks contact us including: Fox News, CNN, The Wall Street Journal, MSNBC, the BBC, and Al Jazeera. We would recommend to our fellow ACHE members to have a protocol set in place for how your organization wants to handle the media. The protocol should include a firm yes or no as to whether to allow the media conversation with appropriate patients.

It would also contain policies ready for patients to sign, and have an assigned media leader to facilitate the procedures. With an assigned leader, your facility will have more control over which kind of patients the media can interview. Also, identify a spoke person ahead of time who would speak for the medical team – such as a lead physician.

In our case, we decided to work with the media, and allow them to speak with us and the patients involved. We felt building a relationship with media was a better approach than disregarding them. The media is aggressive and will go to many lengths to obtain their story. We were successful in facilitating the media, and because of the facilitation we were better able to control the outgoing information.

**David Perez:** *After CNN started reporting on different news stories, I quickly turned to my twitter account to learn any information I could. How did social media play a role with the event?*

**Glenn:** Understanding social media is powerful. We did not tweet until the next morning. News media wants different angles if they hang out longer than 24 hours. Once we started tweeting regular updates, the number of national news phone calls dropped dramatically. Social media played a huge role in getting real time updates out to the media and public. Your tweet content might include: the scope of the event, X number of patients received, and X number of patients in serious condition.

**David Perez:** *We know you can prepare for the worst, but new gaps will unfold in any process. What advice would you have for our Chapter that may not be in current emergency preparedness plans?*

**Jim:** In our experience we had many doctors respond to the call. We would advise working with the county medical society to perhaps pre-assign physicians to different locations. This way, physician resources would be optimized.

**David Argueta:** Paramedics and other early responders did an incredible job at the scene and triaged wonderfully. Every patient transferred survived. At one time, a bus carrying many walking wounded headed for Hillcrest. We were expecting more critical patients to be arriving soon, and after a quick conversation with Providence, the bus was rerouted to Providence. We had to ensure the critical would be able to receive care immediately. This was a great example of care coordination among the hospitals involved and we would suggest that organization be part of any emergency preparedness plan.

**David Perez:** *As a patient care provider and being experienced in many emergency situations myself, the visions and experiences you gain can sometimes weigh heavy. How has this event changed your leadership and view of your doctors and staff?*

**Marcy:** We always knew we were a part of something special. Our culture at Hillcrest is of family and kindness, and seeing the response from our doctors and staff solidified that compassion and caring we have for our community.

**Glenn:** Everyone came together. Doctors, nurses, non-nursing medical staff, medical technicians, environmental services, food and nutrition; everyone was on board to help. At one time, I saw an EVS staff member standing ready for a patient to leave a room so she could quickly clean and turn the room around for another patient. I saw food and nutrition service members hand out drinks and food to everybody involved, which helped boost morale and provide a sense of calm and comfort. Everyone played a significant role in handling the situation and I could not be more proud of our team.

**David Argueta:** Emotionally, you see the hurt and pain of the families. You realize the blood, the tears of confusion and fear, and the hands tightly clasped in prayer are real. But you also look around the room and realize the amazing effort your team is doing despite the heartbreaking situation. You quickly appreciate the remarkable job of everyone coming together for one purpose – taking care of the people.

In the end, 300 patients were treated among Hillcrest Baptist Medical Center, Providence Healthcare Network, Hill Regional Hospital in Hillsboro, Scott & White Healthcare, McLane Children's Hospital, Baylor Medical Center at Waxahachie, JPS Health Network in Fort Worth, and Parkland Health & Hospital System in Dallas. Through this event, our Texas communities can be confident that our Texas healthcare systems stand ready to provide emergency care when needed. Though we hope and pray these tragedies never happen, either way, we'll be ready.