

Good morning, Honorable Senator Marise James, Chairperson of the Committee on Disaster Recovery, Infrastructure & Planning, Senators of the 36th Legislature of the U.S. Virgin Islands present, and all listening and viewing. I am Darlene Baptiste, Chief Executive Officer for the Governor Juan F. Luis Hospital and Medical Center (JFL) and Schneider Regional Medical Center (SRMC). I am joined today by:

- Adeline Williams Connor - Chief Operating Officer
- Darice Plaskett - Chief Nursing Officer
- Delphine Olivacce – Chief Quality & Performance Improvement Officer

They are here to support this presentation and assist with any questions.

Thank you for the opportunity to present an overview of SRMC's & JFL's disaster preparedness and hurricane season readiness, including our infrastructure resilience, continuity of operations, surge management, interagency coordination, recovery initiatives, and responsibilities under the Territorial Emergency Operations Plan.

Hurricane preparedness is a critical responsibility for SRMC & JFL. As the only safety net hospitals in the territory, our community relies on us to remain operational during the most challenging circumstances.

SRMC & JFL continue to operate from temporary healthcare facilities established after the 2017 Hurricanes. While these facilities enable us to provide essential services to our residents, JFL North, specifically, was not designed as a permanent hospital.

It is important to acknowledge this key reality that shapes all aspects of our emergency preparedness planning.

Our hurricane preparedness strategy relies on proactive clinical decision-making, resource conservation, and collaboration with local, federal, and national partners. Every operational decision before a storm is guided by one question:

Will this action improve our ability to care for our community during and after the storm?

Emergency Support Function Responsibilities

Under the Territorial Emergency Operations Plan, SRMC & JFL serves as critical healthcare partners supporting Emergency Support Function 8 – Public Health and Medical Services.

Our responsibilities include maintaining hospital operations, providing emergency medical care, supporting medical surge management, coordinating patient transfers, sharing situational awareness with emergency management partners, and supporting the Territory's broader public health response.

Healthcare Infrastructure Resilience

Our temporary facilities remain fully operational and continue to provide essential healthcare services. However, operating within a temporary structure requires continuous vigilance and contingency planning.

Based on initial design specifications, JFL-North was intended to withstand wind speeds up to 175 miles per hour, equivalent to a Category 5 hurricane. While this provides a planning benchmark, JFL-North has not yet been tested by a storm comparable to the 2017 hurricanes. As a result, our preparedness efforts follow a cautious, risk-informed approach that emphasizes planning for various potential scenarios.

Hurricane Readiness Framework

Our preparedness strategy includes ongoing assessment of our physical infrastructure and the resources necessary to sustain patient care. Throughout the year, and more frequently as storms approach, our Facilities team routinely tests and evaluates critical utility systems, including emergency generators, fuel reserves, electrical systems, bulk oxygen storage, medical gas distribution, and potable water. These assessments help ensure both hospitals can safely maintain essential healthcare services as long as conditions allow.

Ahead of hurricane season, clinical and support departments assess their inventories of medications, supplies, food, and other essentials. This enables stockpiling and helps identify potential limitations for improved resource planning.

If a storm threat emerges, SRMC & JFL follows a phased activation process to deliberately and coordinately escalate operations as conditions evolve.

Phase I – Enhanced Monitoring (Approximately Seven Days Before Potential Impact)

When a system may threaten the Territory, we enhance monitoring and increase assessments of infrastructure, utilities, staffing, and supplies. Department leaders review preparedness checklists and identify resource needs based on the current conditions and expected disruptions.

At the same time, clinical leadership and medical staff monitor patient census and assess hospitalized patients to identify those suitable for discharge, transfer, or alternative care if conditions worsen. Early evaluations enable timely, clinically appropriate decisions regarding decompression while maintaining continuity of care.

Phase II – Operational Readiness (Approximately Three Days Before Potential Impact)

As projected storm impact increases, preparedness activities intensify. Clinical leadership finalizes decompression plans and coordinates discharges and transfers. Staffing assignments are confirmed, emergency utility systems are verified, and specialized service lines, such as outpatient dialysis, implement emergency treatment protocols.

Phase III – Emergency Operations

When Incident Command Systems are activated, the Emergency Operations Plan is fully implemented. Priorities shift to sheltering in place or relocation if necessary, conserving resources, maintaining essential services, and preparing for post-storm response and recovery. Operational conditions are continuously assessed throughout the event.

Continuity of Operations

Our Continuity of Operations Plan aims to maintain essential healthcare services during emergencies and restore any disrupted services as quickly as possible. Our planning ensures critical clinical and administrative functions remain operational, despite the limitations of our temporary facilities.

JFL's strategy during a category 1 or 2 storm is to safely shelter patients in place. This minimizes unnecessary movement and allows continued delivery of essential services. If forecasts predict a category 3 storm or higher and the structure may not withstand storm conditions, contingency plans provide for relocating patient care operations.

The Virgin Islands Cardiac Center is the primary Alternate Care Site due to its clinical infrastructure, medical gas capabilities, utility support, and proximity to hospital operations. This enables continued essential services if relocation is necessary. An additional contingency site has been evaluated with territorial partners but would only be used under extraordinary circumstances due to limited infrastructure.

Specific to Myrah Keating Smith Community Health Center, when conditions warrant, emergency medical operations relocate to a designated hardened facility to ensure uninterrupted healthcare services for the residents of St. John.

The continuity of healthcare services depends on both our facilities and the careful management of the limited resources, before, during, and after storms. Key departments collaborate to assess inventories and implement conservation strategies to sustain critical services when resupply may be delayed. Resources are continuously monitored, prioritized, and allocated to patients with the greatest clinical need.

Maintaining continuity also requires sustaining critical clinical and business functions. Established downtime procedures guide operations during interruptions to electronic medical records or other information systems. These include manual clinical documentation, medication records, laboratory reporting, and patient tracking, ensuring essential services continue safely until systems are restored.

Clear, reliable communication is essential throughout every phase of an emergency. Internally, SRMC & JFL utilizes its emergency notification system, leadership briefings, and Incident Command communications to provide timely updates on operations, staffing, and safety. Externally, our Public Information Officers coordinate with territorial partners to share updates on hospital operations, available services, and critical health information, keeping patients, families, and the community informed.

Lastly, maintaining accountability for every patient is essential. At SRMC, JPATS-trained personnel utilize laptop-based patient-tracking systems to document patient movement and location throughout emergency operations, ensuring continuity of care and accountability during relocation activities. These continuity measures enable SRMC & JFL to sustain essential healthcare services, adapt to changing operational conditions, and continue providing high-quality care.

Clinical Preparedness and Patient Decompression

Given our facility's limitations, proactive patient decompression is a key component of our preparedness strategy.

Unlike larger healthcare systems that may expand bed capacity during disasters, our goal is to preserve the existing resources, so they remain available when our community needs them most after the storm.

As storm threats become imminent, physicians and clinical leadership assess each hospitalized patient. Those who can be safely discharged are released when appropriate. Patients needing specialized or intensive care, such as ventilator support or advanced critical care, are evaluated for transfer to off-island partner facilities when clinically appropriate and transportation is available.

This strategy serves two important purposes.

First, it ensures continuity of care for patients whose needs may exceed local capabilities during a prolonged emergency. Second, it preserves beds, staffing, and supply resources for patients needing care after the storm.

We also recognize the unique challenges in our healthcare system. Patient transfers may be complicated by insurance, financial, or other socioeconomic factors. Nevertheless, our staff work diligently with patients, families, insurers, and referral facilities to facilitate transfers.

Outpatient Dialysis Preparedness

Specific to JFL, continuity of dialysis services is a top clinical priority, especially since our outpatient dialysis unit also operates from temporary trailers.

AS required for regulatory and compliance, SRMC and JFL make every effort to ensure all dialysis patients receive treatment before an emergency, hurricane, or curfew.

Each patient receives an individualized dialysis diet plan to help extend the time between treatments by minimizing fluid and waste buildup.

Before hurricane season and as needed, the emergency diet plan is reviewed with each patient, and a copy is provided for reference.

Depending on medical condition and adherence to the emergency diet plan, some patients may safely go without dialysis for three days or more.

After an emergency or hurricane, dialysis staff contact each patient to assess their condition and provide post-emergency treatment instructions.

JFL and SRMC maintain a MOU, in the event of prolonged disruption, and engaging in discussions with another external provider to create a similar agreement.

Emergency Medical Surge Management

Because our facilities cannot expand inpatient capacity, our surge strategy focuses on protecting existing capacity through coordinated healthcare delivery across the Territory.

Working closely with the Department of Health, community health centers, dialysis providers, and other partners to ensure patients with low-acuity or non-emergent conditions receive care in the most appropriate setting. This coordinated approach preserves emergency department resources and inpatient beds for critically ill and injured patients.

During disaster operations, we continually reassess patient census, staffing, utilities, supplies, and operational capabilities to ensure available resources are directed to those patients requiring the highest level of care.

Interagency Coordination

We actively participate in weekly Emergency Management meetings that include all government stakeholders. We have begun discussions with VITEMA and HHS on resource needs, triggers for pre-emergency

declarations, related activities, and timelines for potential deployment of federal resources before and after storms.

We work closely with VITEMA, the Virgin Islands Department of Health, the Virgin Islands Fire and Emergency Medical Services, the Virgin Islands Police Department, our federal partners, air medical transportation providers, and regional healthcare facilities. Together, we coordinate and manage patient movement, emergency communications, resource requests, and recovery operations.

We are grateful for the support of these agencies. Their assistance is vital to helping SRMC & JFL maintain the resources needed to provide safe, compassionate care for our community.

Current Challenges

Like healthcare organizations across the nation, we continue to face challenges, including operating in a temporary facilities, infrastructure limitations, workforce shortages, supply chain disruptions, and more frequent and severe weather events.

These realities have shaped our preparedness strategy.

They require us to plan earlier, coordinate more closely with our partners, conserve resources more deliberately, and make thoughtful clinical decisions that prioritize patient safety above all else.

Conclusion

Madam Chair and Committee members, Schneider Regional Medical Center & Governor Juan F. Luis Hospital & Medical Center approaches hurricane preparedness with a clear understanding of both our capabilities and limitations.

Although our current facilities were not intended as permanent hospitals, we have developed a preparedness program focused on early planning, patient decompression, continuity of operations, and collaboration.

Our commitment is clear: to ensure that when the people of the territory need us most, we will be prepared to provide safe, quality healthcare to the greatest extent possible.

We appreciate the Legislature's continued support as we work to strengthen the Territory's healthcare infrastructure and improve our future resilience.

Thank you for the opportunity to appear today. I am pleased to answer any questions the Committee may have.

