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Nurse Working in Hot Room at JFL Collapses, 'We're in Dire Straits' Says Employee as CEO Defends Efforts

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The Virgin Islands Cardiac Center building at the Juan F. Luis Hospital. The facility has been used to house patients following the decommissioning of JFL's third floor following Hurricanes Irma and Maria in 2017. By. ERNICE GILBERT FOR THE VIRGIN ISLANDS CONSORTIUM

An employee with intimate knowledge of the operations of the Juan F. Luis Hospital told the Consortium Friday that it was impossible to remain quiet following the collapse of a nurse who was administering care in the Virgin Islands Cardiac Center (V.I.C.C.) at JFL because of heat of nearly 100 degrees. The nurse was rushed to the emergency room for care, and Dyma Williams, JFL Interim CEO, told the Consortium Sunday during an interview that the nurse was recovering well.

But the incident has exposed a surfeit of problems at the hospital, including lack of financial resources and not enough space to house patients following the decommissioning of the hospital's third floor after Hurricanes Irma and Maria.

The emergency situation is compounded by news that JFL North, the temporary modular unit that was supposed to be currently serving the community, is facing a delay in 2022 — five years after the storms of 2017. And with the new hospital projected to take 18 months just for design and multiple years for actual construction, St. Croix residents could face the prospect of having a medical facility for the entire community that is 50,000 square feet (the modular facility), some 200,000 square feet less than the current hospital, for a long time.

Ms. Williams told the Consortium that while the V.I.C.C. has been without AC going on three weeks, the process had long commenced to relocate patients in the facility to other areas of the hospital because of the heat. Some fourteen patients were moved prior to the incident, while the remaining five, who required more delicate care, were moved the same day of the nurse's collapse, she said.

"We have completely evacuated the V.I.C.C. There's no longer patients or staff that's in the V.I.C.C. and we're awaiting the receipt of a chiller that is coming to us from Puerto Rico," Ms. Williams stated. She explained that inpatients for medical surgical care as well as patients with cardiac issues that require monitoring, were being managed in the V.I.C.C. since the storms, and those patients would return to the facility once the AC is fixed.

To make space, the hospital is now utilizing the old cafeteria on the first floor to house the fourteen patients whose conditions were not as serious. The five remaining patients who required telemetry monitoring — a system that facilitates the electronic monitoring of one's heart for an extended period of time — were placed in the hospital's progressive care unit (PCU) on the second floor, Ms. Williams said. "It was harder to place those patients because the requirement is to keep them monitored," Ms. Williams said.

Stating that her employees are working in an "environment of care crisis," Ms. Williams said that under her command the hospital activated its code yellow team, or incident command, following the incident, "where we managed all the resource needs whenever we're responding to a situation or event. So we had activated from the onset," she added. The CEO went on to explain the process of getting parts for the HVAC system to St. Croix, stating it was not a "low hanging fruit" process. She told the Consortium that while the five remaining patients were removed from the V.I.C.C. the same day the nurse collapsed, the incident had no bearing on their removal.

The employee with intimate knowledge of the operations of JFL told the Consortium that Ms. Williams and her team hustled to remove the five remaining patients the same day of the incident. This employee said employees who were working in the hot building had asked for hazardous pay, but the request had not been granted.

This employee said the cafeteria has a phone that does not work so employees can't be paged; the room does not have oxygen and patients will be separated with plastic dividers. The hospital intends to use an adjacent room to store medical supplies for patients in the cafeteria, but the room is hot and moldy, this employee said. The restrooms that were being used by visitors will be locked from the public's side so that it could be utilized for the patients only. Visitors will have to travel to the emergency room to use the restroom outside the ER.

Ms. Williams said the goal is to get the V.I.C.C. available for use again as soon as possible, but the process was proving cumbersome. "I assure you these fixes are not simple. We still have not

been able to get the vendor to come in according to their availability because there are only two that serve the territory right now," she said. The CEO also spoke of the intricacies of ascertaining the wellbeing of patients in a compromised facility so as to not become liable if anything were to go wrong.

She said she understands the community's frustration, "But it's not because we don't care, it's not because we're not trying, it's not because we're not doing multiple things in parallel. We can only ask our staff to bear with us while they take the burden of dealing with some of these critical issues."

"It's not ideal, we didn't want to have to use our internal surge capacity space for anything other than covid, but because we've lost so much clinical space, that is where we are," Ms. Williams stated, referring to the use of the cafeteria.