

T. Harry Williams Center for Oral History Collection

ABSTRACT

INTERVIEWEE NAME: Christopher Thomas

COLLECTION: 4700.3191

IDENTIFICATION: Chief quality officer at Franciscan Missionaries of Our Lady Health System

INTERVIEWER: Alyson Neel

SERIES: Our Lady of the Lake, "Under Pressure: A Louisiana Hospital's COVID-19 Experience"

INTERVIEW DATE: July 10, 2024

FOCUS DATES: 2020-2022

ABSTRACT:

Tape 5249

Introduction; Dr. Chris Thomas is chief quality officer at Franciscan Missionaries of Our Lady Health System; Thomas born in Wheeling, West Virginia, in 1976; Wheeling was an old coal town; lived in Wheeling until he was eighteen; mother was a teacher, father worked in pharmaceutical industry; coming from a privileged background, he wanted to do something to help others; always interested in science, he majored in molecular genetics and biochemistry at John Carroll University; always drawn to working as part of a team; mentions some of his medical mentors, including Art Wheeler and Todd Rice; got interested in sepsis while a medical student at Vanderbilt University; realizing that his father was experiencing sepsis as his mother described his vitals over the phone; describes his pre-pandemic work in the ICU around patient safety and performance improvement; preparing for COVID hitting Louisiana; planning which specialties would take the lead; during the pandemic, a typical day was working every day, all the time; making space in the hospital for COVID patients; for the first four or five months, he lived in a separate house from his family; most people in critical care tried to live separately from their families to protect them; trying to maintain contact with family; difficulties caring for so many people on ventilators at once; "And so you make these decisions that ideally sound like best for everybody else. But what you don't think about at that point and probably don't until afterwards is like, wow, that structure is not one for preventing your own personal burnout or PTSD or anything like that."; was very frustrated by public not understanding that critical care is nuanced; establishing protocol and best practices for Acute Respiratory Distress Syndrome (ARDS); mentions colleagues involved in this work; sharing information with physicians in other cities; need to quickly adapt; OLOL had some of the best COVID outcomes in the US, probably because they got so much practice; COVID created a million thought content experts; sharing information in Catholic Health Association clinical quality calls; ways to address

breathing problems early in COVID, including BiPAP and nasal cannulas; trying to keep healthcare personnel safe with PPE; during SARS-CoV-2, China lost many healthcare personnel; theories over level of risk initially divided staff at the Lake; making decisions about protocols and how risky they were; the public didn't understand that COVID is a series of different viruses; while Alpha mostly affected the less healthy, Delta hit younger people; starting to see the difference between vaccinated and unvaccinated patients; frustrated by misinformation; caring for coworkers who got sick with COVID; people who didn't work in the ICU didn't understand what Delta was like; appearing on the news when he was frustrated and exhausted; COVID patients in the ICU would see reports about Delta on the news; "If I had to go back, every room would get a Netflix subscription, right? But the one thing you didn't want them watching was news media, right?"; you want people recovering from illnesses to be calm; everything started to break down because of family's lack of human connection with hospitalized patients; when the whole public thought they could learn everything off social media: "lots of us lost ten years of our lives and expertise in a matter of about a week."; in a matter of months, public sentiment turned against health workers on social media; "If you weren't in those areas during Delta, it may not seem real to you."; thirty percent of OLOL's nurses quit because of COVID; Thomas' thoughts about leaving his profession; the high point of the pandemic was the sense of camaraderie and teamwork; OLOL's medical residents opted to participate in COVID care; medical staff agreed to take care of all needs of patients, no matter their titles; physicians had to do things they didn't usually, like giving shots, hooking up pumps, passing out medicine; post-pandemic, standards are more uniform; "There's always going to be some gray at the top, and I want that to be the art of medicine. But the science of medicine should apply sixty to seventy percent of the time."; Thomas wants to see a formal gap analysis of what worked and what didn't work during the pandemic; "It's okay to say, 'I don't know.' 'I don't know' is three great words in the English language. 'I don't know' means I'm going to go learn."

TAPE: 1 (T5249)

TOTAL PLAYING TIME: 1 hour, 8 minutes

PAGES TRANSCRIPT: 30

OTHER MATERIALS: None

RESTRICTIONS: None