Access the recorded webinar here: https://register.gotowebinar.com/recording/3579578141668518147

Speaker Bios: https://asprtracie.s3.amazonaws.com/documents/healthcare-response-to-a-no-notice-incident-speaker-bios.pdf

Q and A: https://asprtracie.s3.amazonaws.com/documents/no-notice-incident-las-vegas-webinar-qa.pdf

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Healthcare Response to a No-Notice Incident: Las Vegas

March 28, 2018

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

ASPR TRACIE: Three Domains

- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPRtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Melissa Harvey, RN, MSPH
Director, Division of National Healthcare Preparedness Programs

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

John Hick, MD

Hennepin County Medical Center & ASPR

Moderator

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Background

- Route 91 Harvest music festival
  - 59 died, 527 injured
  - About 21,500 self-evacuated
- High velocity rifle / sniper attack
- Less than 20% transported by EMS
- 17 hospitals in area
  - “closest” vs. “trauma center”
  - >100 victims to nearby Level 3

EMS Response

- Very robust EMS response
  - Clark County Fire
  - Las Vegas City support
  - AMR / other ambulances
- Multiple potential incidents / shooters
- Scene safety issues
- Difficulty directing people to triage points / treatment areas
- On-scene transports concluded early in event

Hospital Distribution

- Sunrise – 215 official (likely 250+)
- University Medical Center – 104
- Desert Springs – 93
- 5 other hospitals saw 10-60 victims each
- EMS potential to re-distribute casualties between hospitals

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Caleb Cage

Chief and Homeland Security Advisor, Nevada Department of Public Safety, Division of Emergency Management

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

State Emergency Management Perspectives

- Use of Rescue Task Forces
- EMAC and Governor's Declaration/ Order
- HIPAA and external disclosures in an emergency

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

John Fildes, MD, FACS, FCCM, FPCS (Hon)
Trauma Center Medical Director, Chair of Department of Trauma and Burns, University Medical Center, Las Vegas

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

The Challenges to the Surgical Services

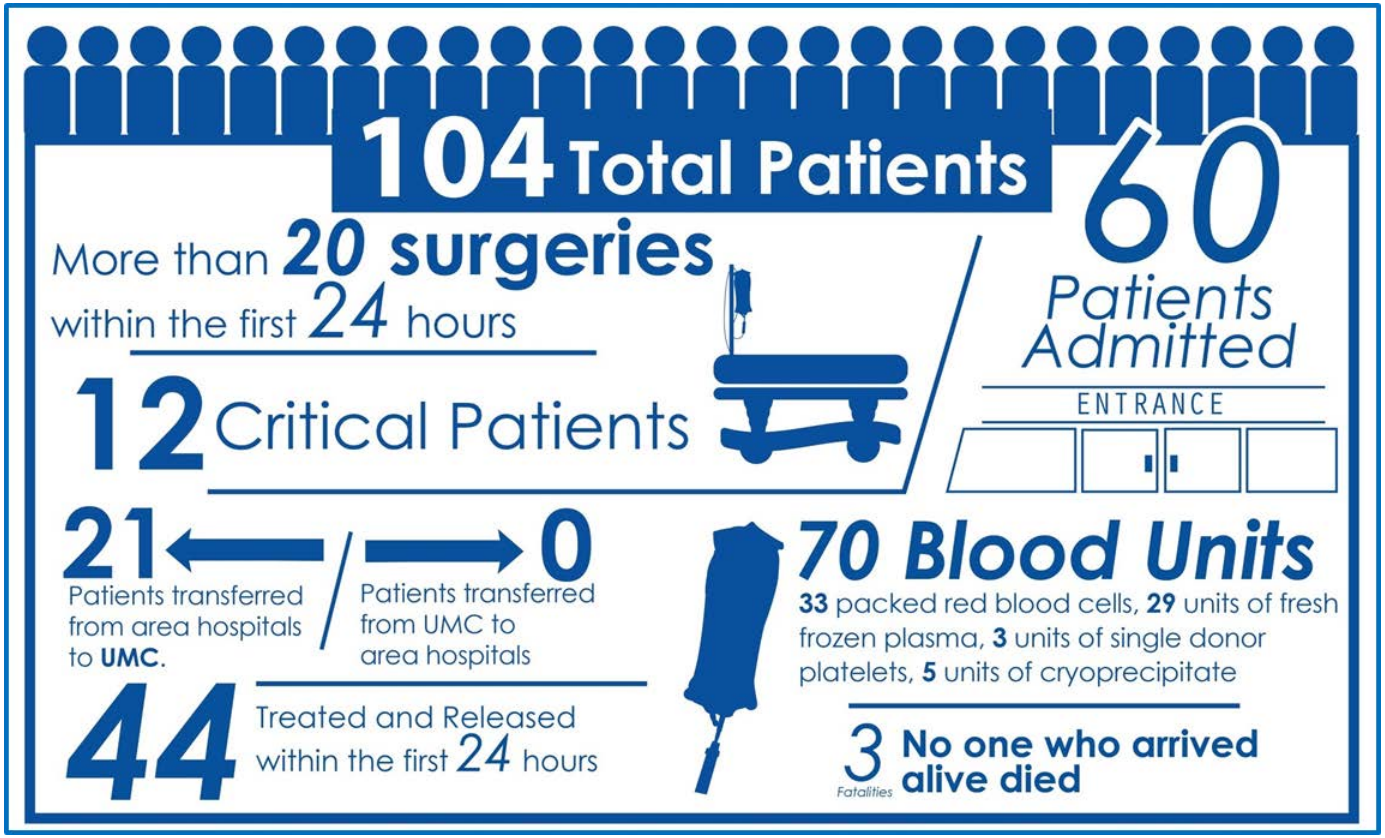
- No-notice event abruptly increased demand on surgical services
- Call in staff, a *technology solution* helps
- Be prepared to staff these services for 12/12 hours on/off for as long as it takes to care for these patients
- Immediately cancelled elective surgery for the next day

The Challenges to the Surgical Services

- Expand into ambulatory surgery for pre-op
- Expand into the PACU for post-op
- Concentrate the surgical patients by specialist
- Use abbreviated surgery and damage control when possible
- Triage and delay non-life threats until the next day

The Challenges to the Surgical Services

- Control blood use
- Restock and resupply in real time
- *Create new capacity with faster through put*
  - You never know if you will get one surge or multiple surges
- And remember… appendicitis, free air, and C-sections keep coming!



UMC
UNIVERSITY MEDICAL CENTER

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

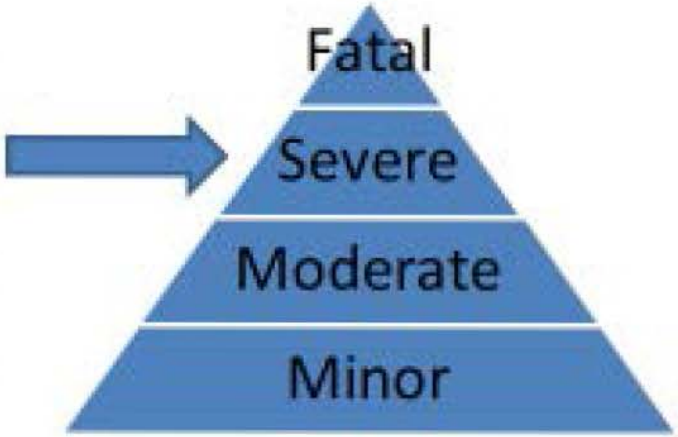
Surgical Services in Non-Trauma Center Hospitals

- Treat what you can and shelter patients in place
- Stabilize and transfer patients you cannot treat
- Many surgical specialists do not do trauma surgery…
  - But all of them know how to *STOP BLEEDING* and *CONTROL CONTAMINATION*
- Seek an order from the Governor to allow all credentialed providers to exercise their privileges in all hospitals

The Trauma Centers were Over Accessed

The Trauma Center's Role

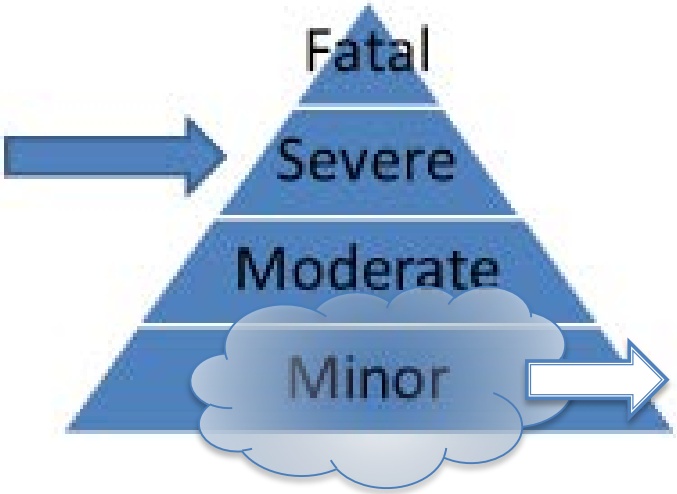
The Injury Pyramid in an MCI



The Trauma Centers were Over Accessed

The Trauma Center's Role

The Injury Pyramid in an MCI



Redistribute to other EDs

Final Thoughts

- The science of disaster predicts that only 10–20% of the injured will require surgical services and/or critical care support
- EMS is required to transport GSWs to trauma centers
- The majority of the injured were "walking wounded"
  - Many could be treated in emergency departments
- Redistributing self-delivered patients is a new concept and challenge that must be met

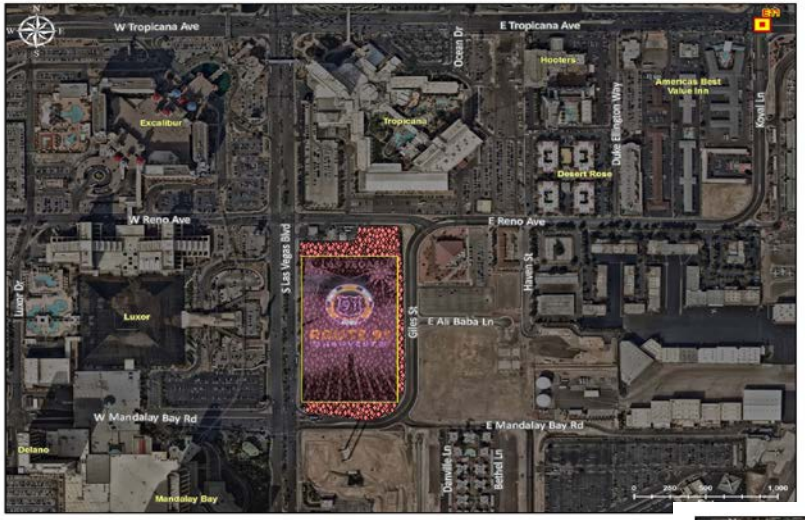
TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Scott Scherr, MD
Emergency Department Director, Sunrise Hospital and Medical Center

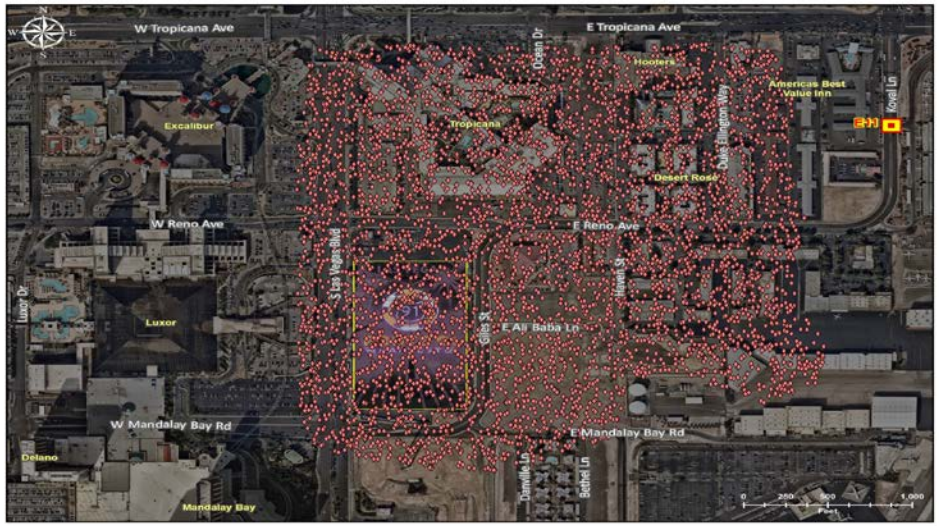
ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

EMS Arrival Process and Coordination



Initial EMS Call Distribution

Delayed Call Distribution

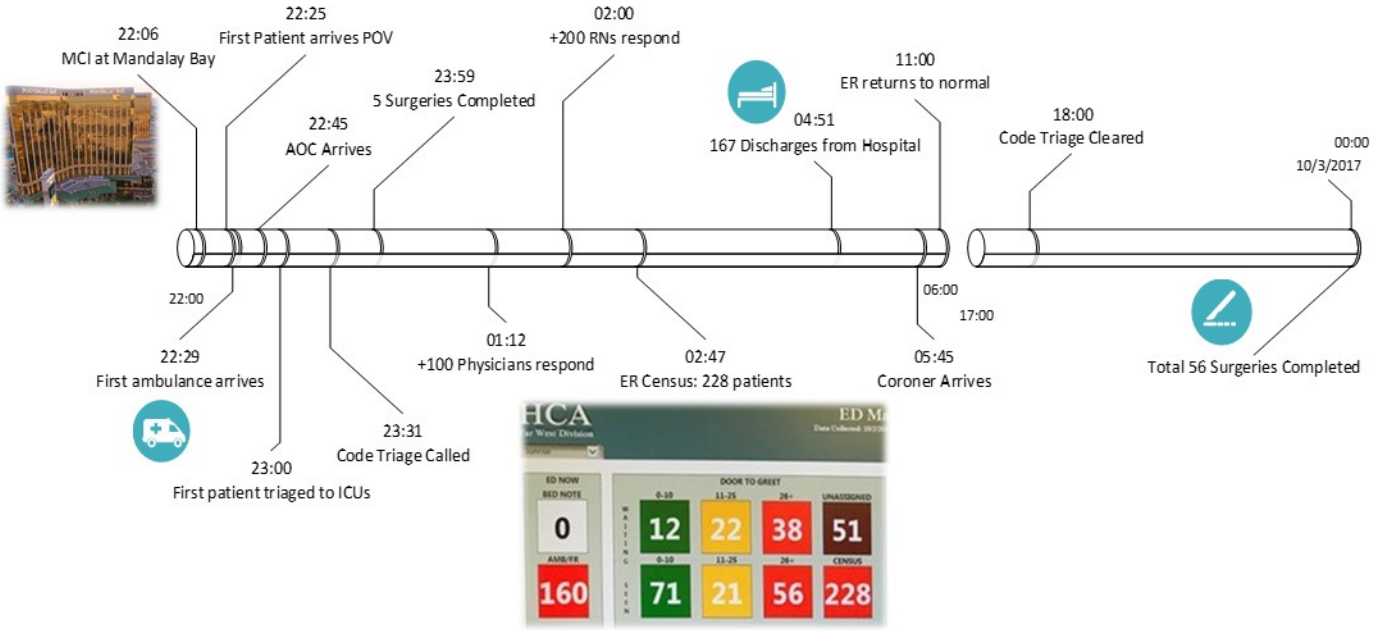


Emergency Department Intake Lessons

- Triage of Patients at Front Door Process
- Unidentified Patient Process
  - Prior practice: single list of trauma, name for alias
  - Current practice: NOAA hurricane naming list year to each registrar
- Lead Staging Sections and Initial Treatment
  - Coordinated hospital staff to pair one RN to one patient until handoff to OR, ICU or floor
  - Dedicated RT for intubation support and supply pack creation in ED
  - Dedicated ED pharmacy resources to ensure adequate medication supplies
  - Management of over 125 crash carts in first three hours
  - Assignment of Surge ED Providers

Hospital Throughput Coordination Requirements

- Mobilized Hospitalists and Intensivists to ensure open ICU beds (184 discharges in 15 hours)
- Partnered with Incident Command to expand capacity
  - Doubled Single Bed Unit (2 existing headwalls)



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Dave Macintyre, DO
Trauma Surgeon, Bariatric Surgery Director, Sunrise Hospital and Medical Center

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Intake Processes Adapted for Space

Walk In Entry

Ambulance Entry

Trauma Bays

Emergency Room

Operating Suites and Department

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Trauma Surgery-Driven Adaptations and Lessons

- Emergency Room areas dedicated to specific treatments
  - Major injuries to Trauma Space (RED)
  - Overflow into ED care areas, avoided spaces with poor line of sight
  - Minor injuries to Pediatric Space (GREEN)
  - Moderate injuries shifted into main ED Spaces (Yellow)

Created staging area for resupplying treatment areas

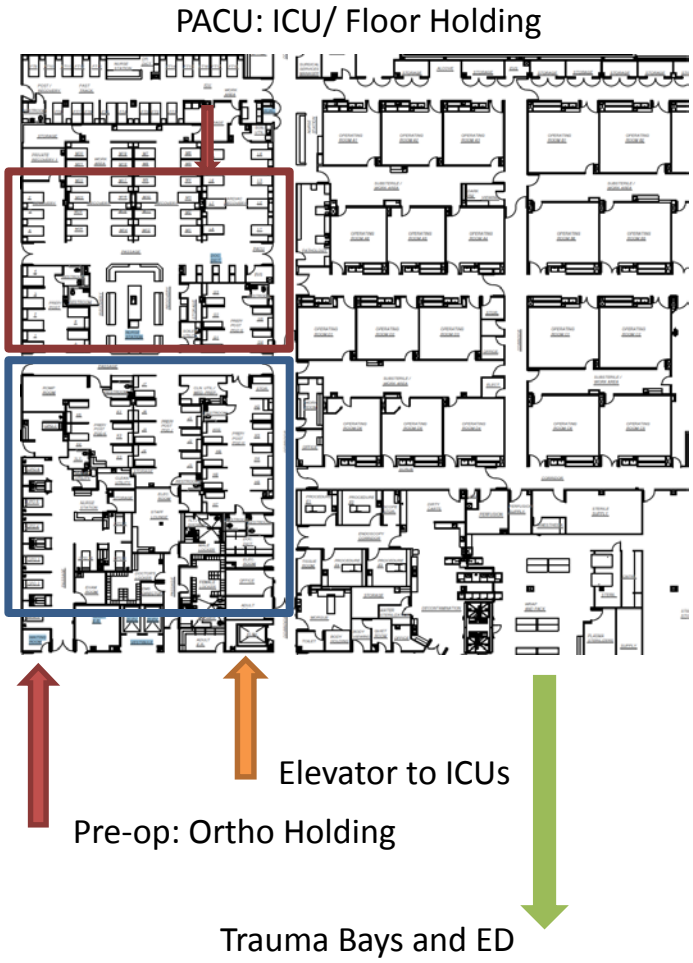
Blood Bank

Trauma Surgery-Driven Adaptations

- Clear Decision on Prioritization of Patients by Team
  - Front end receiving by ED staff
  - Focused care delivery in trauma bays prior to OR / ICU
  - Dedicated trauma resources in ED areas
  - Appropriate use of consultants in operating suites and PeriOp
  - Re-evaluation done in cycles during immediate influx
- Importance of Support to Trauma Surgeons
  - Blood Bank
  - Respiratory
  - Pharmacy
  - Nursing
  - Environmental
  - Supply Services

Trauma Surgery Driven Adaptations

- XABCDE
- ICU utilized to complete evaluations and expand triage capabilities
  - Trauma Surgeon, Anesthesiologist, Intensivist and support team in each ICU
  - Moved as soon as hemodynamically stable
  - Disease-specific assignments (CV, neuro, trauma, medical ICU's)
- Pre- and Post-Operative Care Unit assigned team to ensure management of immediate post-op recovery while assigning ICU bed



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Stephanie Davidson, DO FASA
Anesthesiologist, Sunrise Hospital and Medical Center

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Role of Anesthesia in a Mass Casualty Incident

- Management of the Intraoperative Patient
  - Traditional roles
  - Non-traditional roles (Nursing Extender and leader, transport)
- Review and Assessment of Patients
  - Pre-operatively after ED/trauma review
  - Reassessments in post-operative recovery
  - Communication of change in status from initial assessment

Role of Anesthesia in a Mass Casualty Incident

- Communication Between Locations
  - Act as a physician bridge between ED (triage) and OR
  - Improve handoffs between OR and ICU
- Critical Care Extender
  - Provide critical care services to augment trauma and ED providers
  - Expand ICU intensive care medicine service
  - Address pain management issues

Learnings and Advice

- Engage Anesthesiologists in Your MCI Planning Activities
- Highly Flexible Providers Improve Quality Within All Locations- ED/OR/ICU
  - Provides leadership for enhanced OR turnaround time
  - Improves pain management effectiveness and quality
  - Extends surgical and ED capabilities
  - Addresses in real-time nursing skill gaps
  - Improves safety in patient transport

Learnings and Advice

- Able to Re-evaluate and Reassign Triage Levels as Patient Conditions Evolve
  - Accelerates re-evaluation timeliness during initial surge
  - Improves post-operative re-evaluation during surge
- Critical Role in Patient Identification
- Bridge for Family Management
- Critical Role in Staff Post-Crisis Debriefings

TRACIE

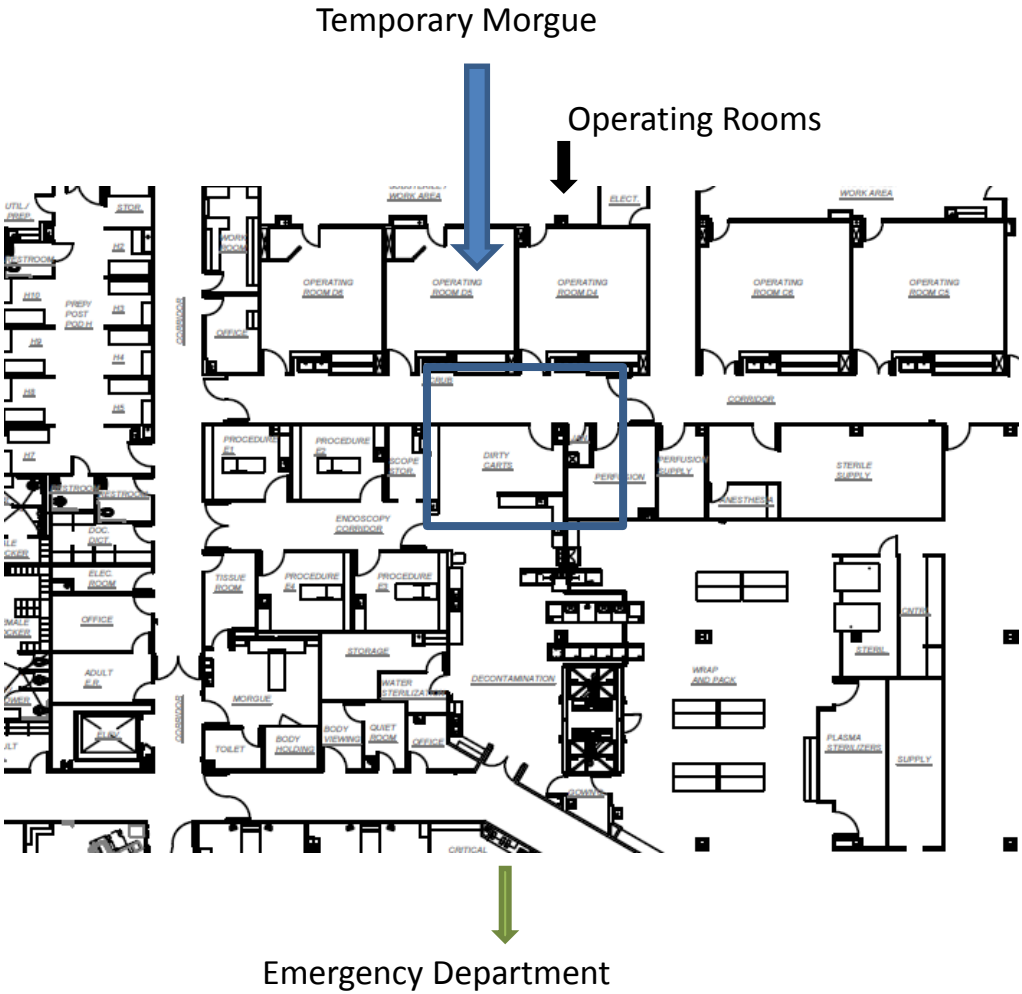
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Jeffrey Murawsky, MD FACP
Chief Medical Officer, Sunrise Medical Center

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Fatality and Family Management

- Created Temporary Morgue in Endoscopy
  - Adaption of plan as mortuary under construction and volume surge
  - Plan for appropriate management and preservation of evidence
  - Assigned staff to assist with coordination with Coroner's Office and family notification
- Ensure that staff appropriate
- High risk for post-incident stress



Family Support and Coordination

- Created separate family space away from treatment areas
- Identification of the unknown
- Comfort supports
  - Clothes, food, chargers
- Mental Health Support
  - Social work
  - Clerical
  - Case management

Staff Crisis Support During and Post Incident

- Immediate Need for Crisis De-Briefing and Counseling
  - Patients
  - Staff
- Partnered with Department of Veterans Affairs for 24/7 On-Site Services
  - Allowed for staff to engage on their schedules
  - Focused hospital resources on patients and families
- Developed Immediate and Long-Term Plans for Support
  - 24/7 on-site counseling center for staff offering grief and stress debriefing
  - Address medical staff wellness in partnership with employer
  - Hospital Town Halls for effective communication
  - Employee assistance programs for ongoing needs
  - Captured these to add to MCI Recovery Period plans

Question & Answer

Contact Us

asprtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov

ASPR ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

TRACIE HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY