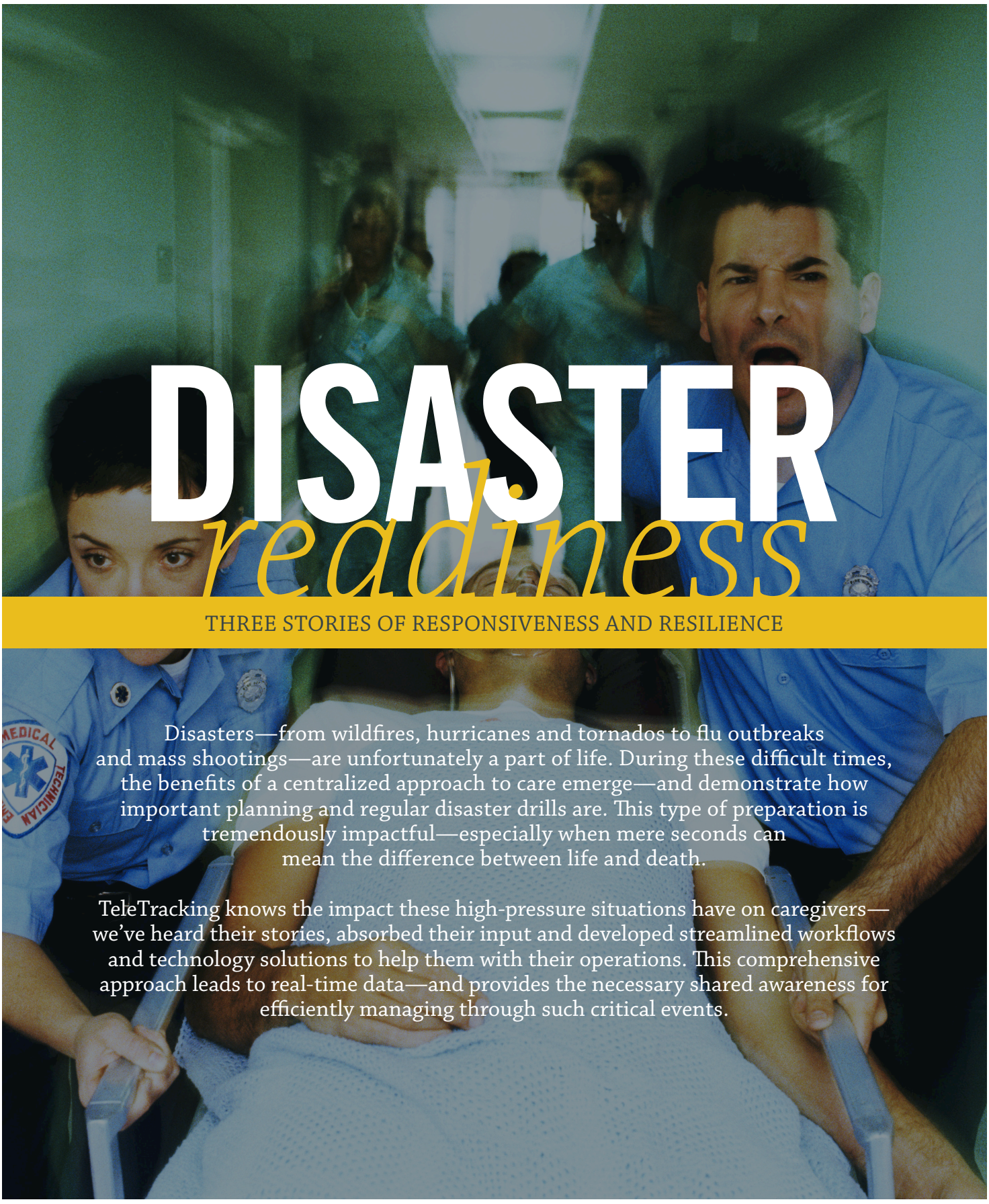

DISASTER *readiness*

THREE STORIES OF RESPONSIVENESS AND RESILIENCE

Disasters—from wildfires, hurricanes and tornados to flu outbreaks and mass shootings—are unfortunately a part of life. During these difficult times, the benefits of a centralized approach to care emerge—and demonstrate how important planning and regular disaster drills are. This type of preparation is tremendously impactful—especially when mere seconds can mean the difference between life and death.

TeleTracking knows the impact these high-pressure situations have on caregivers—we've heard their stories, absorbed their input and developed streamlined workflows and technology solutions to help them with their operations. This comprehensive approach leads to real-time data—and provides the necessary shared awareness for efficiently managing through such critical events.

Three health systems recently had to put what they had done during drills into practice— Kettering Health Network in Dayton, OH; Broward Health in Ft. Lauderdale, FL; and University Medical Center in El Paso, TX. John Weimer, Vice President of Emergency and Trauma Services at Kettering Health Network; Justin Willis, Nurse Manager, Centralized Patient Logistics Center at Broward Health; and Jesus Reverol, Industrial Engineer at University Medical Center of El Paso share their experiences.

PFQ: Explain the recent disaster that your hospital/system responded to?

Weimer: We were recently impacted by the mass shooting in Dayton's Oregon District on August 4th, 2019. The shooter was neutralized by the Dayton police department within 30 seconds, however, there were 40 casualties including nine fatalities, as well as the deceased shooter.

Willis: We were in the forecast cone for Hurricane Dorian, the Category 5 hurricane that stalled over the northern Bahamas in early September.

Reverol: Mid-morning on Saturday, August 3, 2019, University Medical Center (UMC) received a surge of trauma patients from a mass casualty shooting event, approximately five miles from our campus. An active shooter with an assault rifle opened fire in a Walmart, killing and injuring customers.

Q: How many patients were transferred into /out of your facility because of this event?

Weimer: Three of our hospitals received casualties—a total of 14 patients.

Willis: We received several patients from the Bahamas, however, it did not impact daily operations.

Reverol: We received a total of 15 patients as a result of the shooting. One of the 15 patients was transferred to UMC from Del Sol Medical Center to receive more advanced surgical care. Two of the 15 patients were children with minor injuries that were later transferred to El Paso Children's Hospital where they were subsequently treated and released 24 hours after they arrived.

Q: How prepared were you for the disaster?

Reverol: UMC is very fortunate to have strong executive leaders that support our Emergency Preparedness Committee. This committee is chaired by UMC's Safety Officer and Director of Safety Operations. The chairs of this committee facilitate training exercises annually.

UMC's most recent training was March 2019, with an active shooter exercise. Participating members included the El Paso Children's Hospital (EPCH), local law enforcement officers and the Texas Tech University Health Sciences Center. The objectives were to evaluate our hospital policies and procedures for the active threat; demonstrate timely activation and use of the Hospital Incident Command Center (HICS) and our emergency management system; identify the resources needed and those available within the hospital during the active threat; identify department training needs; identify emergency management needs at the hospital and provide senior leadership with input on active threat training/planning needs.

Q: Were you able to operate 'normally' despite the disaster?

Weimer: By activating our emergency operation plan and standing up the Emergency Operations Center with hospital incident command, we were able to handle the surge of patients without compromising normal operations. It is worth noting that the time of the incident was very early morning, no elective procedures were scheduled during this time making access to surgical suites a non-issue.

Reverol: Our emergency department triaged patients and did not divert any patients to other hospitals. Nor did we divert EMS/ambulance traffic to other hospitals. Our hospital was able to operate "normally" despite the disaster. This demonstrates teamwork and the ability to prioritize the needs of the patients with the required resources.

Various department team members came in without having to be called. As soon as some heard the news, they immediately came to the hospital to offer their assistance. And our departments really pulled together because everyone's job, at every level, became crucial. Environmental Services shined the brightest as their assistance was essential to ensuring rooms were turned over promptly for the next patient. The phlebotomists who came in to assist the blood bank team members were another shining example—emphasizing our ability to keep up with the massive blood transfusions that some of the severely injured patients required.

The technology aspect was also extremely vital. Keeping track of the patients that came through our doors, and their disposition, was not only important to our operations—it was also important to law enforcement and family members who needed to know who was receiving treatment at our trauma center. Patient name reconciliation was done electronically and shared through our web-based Emergency Operations Command Center Network.

Q: Do you regularly drill for disasters?

Willis: Yes, we do semi-annual drills to prepare for hurricanes and mass casualty events. We did not sustain a direct hit from Hurricane Dorian, so it was an opportunity for us to do refresher training with the Patient Logistics Center and hospital staff to ensure everyone had proper access and knew what their responsibilities were.

Q: Did you co-locate your incident command system in your operational command center?

Willis: We did not co-locate our incident command system with our operational command center, however, census data and bed availability from TeleTracking were available. As our center evolves, we are considering integrating them in the future.

Reverol: Initially they were co-located, then we made the decision to separate them due to space constraints, the number of responders and campus safety concerns. The two were rejoined during a second debriefing and at the closing debriefing sessions. While they were co-located, both the Hospital Incident Command and the command center worked in tandem, feeding information to each other regarding bed availability and status, pending and confirmed discharges, and dispatched EVS and transportation through TeleTracking as needed.

Q: Did you rely on paper or technology during the disaster?

Willis: We relied on technology. We used real-time census data to report directly to the State of Florida regarding our bed availability. We also trained hospital staff to pre-triage patients in case we needed to prioritize evacuations using the trauma triage tagging system (green, yellow, red, black). We also had the ability to track staff, visitors and non-patient boarders through TeleTracking.

> *We are very fortunate to have strong executive leaders that support our Emergency Preparedness Committee.*
>
> – UMC EL PASO

Q: Please share three lessons you learned that your peers should consider as they prepare for the next event?

Weimer:
(1) Drill with the community, including the agencies you will be working with during a large event. Relying on established relationships proved to be invaluable during our response.
(2) Have a plan for media. Our public information officer was inundated with requests almost immediately, including international media outlets. A crisis communications plan is essential.
(3) Utilizing an after-action process to evaluate and formally document a response is also essential. It is important to get feedback from all levels of the organization to ensure continued quality improvement and planning for future events.

Willis:
(1) Pre-train both nursing leadership and the patient access staff on how to register patients in TeleTracking, without involving the ADT system.
(2) Have a defined evacuation triage system in place.
(3) Pre-determine the physical locations of where your disaster locations will be.

Reverol:
(1) Participate in as many exercises/drills available at the regional level. Each drill should have pre-assigned objectives and participants should take a good hard look at any exposed weaknesses and rectify them before an actual event occurs.
(2) Establish solid communications with multiple agencies, from law enforcement to behavioral health agencies.
(3) Practice like you play by involving all the departments that would be impacted by such an event because the ability to work as a team is essential.