



1 October -

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Community and Healthcare System All-Hazard Preparedness- *“Plan, Train, Exercise the way we will respond to real events”*

COMMUNITY, BUSINESS, RESORT PREPAREDNESS

- Center for Disease Control and Prevention Public Health and Emergency Preparedness (PHEP) Cooperative Agreement
- Cities Readiness Initiative (CRI) Cooperative Agreements
- Special, Hazard Specific Threat grants; SARS, Pandemic Influenza, H1N1, Ebola, Zika
- Homeland Security & Urban Area Strategic Initiative grants
 - Capability & Capacity Building
 - Presidential Directives following real disasters of National Significance
 - Threat Hazard Identification and Risk Assessment (THIRA), Jurisdictional Risk Assessments (JRA)
 - NIMS ICS, National Response Framework

HEALTHCARE SYSTEM PREPAREDNESS

- Early Health Resources & Services Administration (HRSA) Preparedness Grants to states
- Assistant Secretary for Preparedness and Response Hospital Preparedness Program (HPP) Cooperative Agreement
 - EMS, Public Health, Hospitals, Emergency Management
 - Development of Medical Surge Area Command as Mobile Support Unit in statute as extension of Emergency Management agencies
 - Development of Healthcare Preparedness Coalitions
 - Workforce training, agency, community drills and exercises
 - Hazard Vulnerability Assessments, THIRA
 - Active Shooter Threat, Training and Exercises
- HICS and development of Integrated Emergency Operations Plans

1 October Mass Casualty Incident Overview

ROUTE 91 HARVEST MUSIC FESTIVAL MCI

- Route 91 Harvest Festival Concert on Las Vegas Strip
- 22,000 in attendance, mostly out-of-state visitors, vendors in attendance
- In ~11 minutes single active shooter kills 59; Injures 800+
- Emergency Notifications and MACC Assembly within 1 hour
- Health District personnel is tasked with staffing the ESF-8 operations desk and Medical Surge Area Command (MSAC). Assigned Task: **PATIENT TRACKING**
 - Paper Pencil Method

LAS VEGAS' LARGE VENUE EVENTS

- Every Friday and Saturday in Las Vegas: 300,000 visitors added to population of 2.3 Million
- New Year's Eve: 380,000
- Consumer Electronics Show: 170,000
- Electric Daisy Carnival: 230,000
- National Finals Rodeo: 179,000
- Consumer Electronics Show: 170,000
- Future NFL Stadium-Hosting of Super Bowl?

Patient Tracking—1 October Inclusion Criteria

PEARLS

- After Action Report & Lessons Learned from Community Drills and Exercises on patient tracking previously tested:
 - HAvBED, WebEOC, JPATS-MCI Triage sections, triage tags and command bag tracking, Paper-pencil method
- Public Health and EM Appreciation for HIPAA and “minimal necessary rule” applied to initial patient data being requested by Multi-Agency Coordination Center and Medical Surge Area Command
 - Information requested would give us the immediate magnitude, number, and location distribution of injured and decedents, need for additional resources
 - Evaluation target: Reduce TIME: informed decision making
- Initial ED/Trauma hand written lists transferred to electronic spread sheet: Adds TIME
- Documents had to be cleaned over 33 operational periods to eliminate duplications or those not involved in incident (26 Days)

PITFALLS EXPERIENCED

- HIPAA violation fears by some healthcare system partners
- Paper-Pencil method is labor intensive and time consuming
 - Cost and sustainment of Electronic or web-based Patient Tracking System is barrier for most jurisdictions
- Normal operations: Trauma and shootings occur separate from MCI: reported number of injuries change
- No EHR interoperability, Incomplete Data, hand written patient lists provided to MSAC-misspelled names, duplicates of family members with same name
- No identification on injured, ambulatory and non-ambulatory patients documented on hand written lists
- SELF TRANSPORTS went directly to nearest hospitals to event: bypassing EMS triage and tagging at Trauma level 1 & 2, non-trauma hospital
- EMS bar coded triage tags sporadically or not used due to time constraints: Self transports bypass EMS
- External community partners needed data that was not being tracked as response moved into short and long-term recovery

PATIENT TRACKING DATA COLLECTED

Immediate 0-2d		Short Term 3-22d	Long Term 23d-to date	Current Legislation
Date and time		Add home address	Add family member name	Date and time
Hospital Name				
Patient name		Add contact info	Add Victim DOB	Hospital Name
Patient age		Add Length-of-Stay until discharge	Add Privacy statement and consent to contact	Patient Name
Patient Disposition:		Add Patient Transfers	Add relationship to victim	Type of Event: MCI, Terrorism, crime related
treated			Add Number in party	Patient Acuity Level
admitted			Add Assistance requested: Financial, air travel, healthcare, victim of crime referral, social services referral, other	Total number patients related to incident treated **Compare to 1 st Operational Period Data!
Discharged/released				
Deceased and location				

HIPAA considerations #1 challenge to getting timely, requested information from hospitals. Active Criminal Investigation barrier to getting data from law enforcement

- Requests often forwarded to compliance officers charged with protecting Hospital from potential negligence, liabilities, some Law enforcement data sharing challenges with certain branches an their operations
- HIPAA Provisions for Law Enforcement conducting criminal investigations, public health for reportable diseases-Data sharing challenges between community partner agencies
 - Info necessary for coroner decedent next of kin notifications, post -mortem interviews with families
 - Patient Tracking list owned by MACC-Emergency Management part of response, reimbursement documentation

PEARL: State of Nevada Division of Public and Behavioral Health and Nevada Hospital Associated Workshop on 1 October Response and Barriers encountered: HIPAA issues

STAKEHOLDERS

- Hospital Compliance Officers and Legal
- Public Health, State, federal, Local Health Authorities, AG and agency legal
- Emergency Management
- Coroner and Medical Examiner
- Law Enforcement
- Emergency Medical Services
- Behavioral Health and agency Employee Assistance Program
- Resiliency Center, other State and local government

COMMUNITY PROPOSED CORRECTIVE ACTIONS

- Change language in Nevada Revised Statutes for Emergency Management and information healthcare facilities must provide during emergencies-In process
- Collaborative agency HIPAA training, ~ICS
- Standing letters from agencies to healthcare facilities citing federal, state regulations, patient information to be provided, time duration included-current practice
- Considerations for electronic technology or web-based systems used to collect information, regulate/limit access of patient information-future evaluation
- Data use sharing agreements between agencies for identifiable data necessary of response, recovery, support agencies during emergencies-current practice
 - HHS CMS emPOWER identifiable data and processes

PEARL: October 1 – Opportunities to Beta-test EM Track and operational processes to track patients during planned, large venue events

CONTRIBUTING ELEMENTS

- Fire Department/EMS color coded ribbons and white bar coded bands
- Beta Tested at New Year's Eve 2017-18, Electric Daisy Carnival, I Heart Radio & Life is Beautiful Music Festivals, McCarran International Airport Triennial Exercise 2018
 - EM Track web-based, non-PHI aggregate data shared via WebEOC
 - Collaboration between Emergency Management, EMS, Hospitals, and Public Health
 - System links patient identifiers
 - HIPAA protections of entered data, Administrators only see PHI
 - Mobile apps for ease of use

Hazard Specific Threats-Radiation Emergencies

PARTNERSHIPS & EXISTING EMERGENCY OPERATIONS PLANS ARE PEARLS

- Health Department Points of Dispensing Plans exist for getting “Pills into People” used to screen population exposed to radiation.
 - Southernnevadapod.com web-based system used to track patients in POD
- Decontamination plans at hospital, self transports
 - “Removal of Clothing followed by washing removes majority of contaminants”
 - Will not prevent treatment of trauma patient or injury
- Active Federal Agency Involvement in local preparedness community e.g. Military bases, DOE, FEMA REC, CDC/ASPR
- Operational Alignment with near future guidance and planning to develop Community Reception Center Plans and/or public health/healthcare system Repatriation Plans

COMMUNITY PITFALLS

- Will use existing EOPs until we have tested Radiation response and recovery plans
- **Need for increased funding**
- **Tourism Based Economies need downplayed federal assistance to prepare, train, and exercise stakeholders**
- Screening population for exposure consideration
 - Limited medical countermeasures e.g. chelating agents, supporting laboratory testing services for radiation
 - Limited survey equipment and people trained to perform survey on population
 - Bottlenecks in PODs, non-ambulatory patients
 - Supportive care plans may be future Repatriation Plans with significant contribution from private, for-profit healthcare systems-need reimbursement strategies, insurance carrier reform or other incentives

Vegas Strong Resiliency Center

The Health District continues to support recovery activities of the Clark County Coroner and the Vegas Strong Resiliency Center. The center is maintaining services to victims families as well as providing for the behavioral health needs of responders that were impacted by the events of 1 October.

