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The Unthinkable Happened — How Practice and Training Saved Lives

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Learning Objectives

1. Utilize HICS in an Active Shooter Event
2. Manage access control
3. Continue care treatment and service
4. Community practice

My focus today is to share with you what happened at my hospital and share with you some things we learned from one colleague to another and from an Incident Commander Perspective only...
What Happened...?
Incident Recap

Courtney said, “Every cop in the world showed up.”

Sounds like someone either shot at or from Renown. Spotty details so far but it seems like there are people locking themselves in rooms and there are a few folks injured.

Incident Recap (cont.)

Police think a suicidal gunman was on a mission of violence when he calmly entered a third-floor urology office and opened fire with a 12-gauge shotgun, killing one doctor, shooting another and critically wounding a third victim.
A witness in the waiting area who was among those the shooter passed where the attack took place told The Associated Press on Wednesday that the man could have killed many more people at the Reno medical complex if that was his intent.
What will you do when you hear the news?

What actions Will YOUR hospital take?

Who Will Check on You?
The Challenge

- Defects: mistakes that go uncorrected
- Ensure zero defects
Transformational Healthcare

• Based on Toyota manufacturing principles that puts the patient at the center of care, and the team members at the center of the improvement process
• It emphasizes quality and safety, and eliminates waste and inefficiencies by engaging all team members in continuous improvement

Get Rid of Debris on the Playing Field of Relationships
HICS

- Maps
- Time
- Grab n’ go bags
- Who is trained in HICS
- Active assailant bags
- Codes
- Every employee’s role in an emergency
This Should Not Be Your Hospital Incident Command Center

- Disorganization is a barrier to work flow
- What is the outcome of this?
- Do you have a Go-Bag?

“If you can't explain it to a six year old, you don't understand it yourself.”
— Albert Einstein
“A child of five could understand this. Send someone to fetch a child of five.”
— Groucho Marx
Hospital Incident Command System (HICS) Training for ALL or Training for SOME?

Administrators on Call Hospital Incident Command (HICS)

Renown Regional Medical Center
- Director of Imaging
- Critical Care Nurse Director
- Chief Operation Officer
- Med Surg Nurse Director
- ER Director
- Cardiovascular Admin
- Women/Children’s Nurse Director
- Chief Nursing Officer

Renown South Meadows Medical Center
- Quality Manager
- CEO
- Director of Surgery
- Chief Nursing Officer
- ER Director
- Nursing Director
## Your Role in an Emergency?

- **Patients**
- **Hospital Incident Command System**
- **Staffing**
- **Supplies**
- **Special Needs**

## Who is at Our Door?

*Your mission is to guard every entry point, passage way, door, elevator.*
Access Control

• Proximity cards
• Controlled access versus lockdown
• Labor pool
• Maintaining care treatment and services — shelter in place
• Evacuation
• List every entrance

After Action Report

• Objectives
  – Patient, visitor and staff safety
  – Maintain capacity for patient care
  – Access control
• Agencies/others involved
  – All local law enforcement
  – All Renown Regional Medical Center teams
Training and Opportunities (cont.)

- Command Central found it challenging to communicate with Security to make sure all access points were secure and controlled.
- During event, some staff were unsure if internal operations outside of department were to continue as normal (i.e., blood draws, staff going to various floors) or if staff should stay within department since a possible accomplice was cited by a witness, matching descriptions in pediatric areas.
Opportunity for Improvement

• Reported that Code for shots fired was not heard on all overheard announcement by some staff
• ER conference room computers needs to be linked to nearest pod printer
• Command Staff needs radios issued immediately for effective communication
• Location was not called in initial Code Triage announcement

Opportunity for Improvement (cont.)

• Review Access Controls while possible suspect is in and outside of the hospital
• Work with Coroner for most efficient way to get list of deceased
• Enhance Active Shooter Training and Protocols for multiple locations across the IHN for every employee
Emergency Management Committee
Hazard Vulnerability Analysis 2013

- Natural hazards: earthquake
- Technological hazards: loss of electronic medical record
- Human hazards: evacuation of hospital
- Human hazards: assaultive behavior
- **Human hazards: assaultive behavior with weapon**
- Hazardous materials: HazMat incident – small mass casualty
- Hazardous materials: mass influx/contagion
- Hazardous materials: radiologic exposure

Getting Started

- Don’t get caught waiting “until you are ready”
- If you wait until you are ready, you will never begin!
- Don’t worry too much about efficiency when you start
- Focus on getting the work consistent
- Work balance need not be perfect before you start
- Quick and crude is better than slow and elegant
- Use a pencil in order to make any changes without redrawing
- Avoid “pretty” documents made on computers
What Happens with a Bad Outcome?

Dark Cloud (for us)
- Patients suffer
- Families suffer
- Caregivers suffer
- Reimbursement drops
- Malpractice goes up
- Recovery is expensive

Silver Lining (for others)
- Attorneys get more business
- Medicare and others pay less for services
- Competition gets more patients
- Fewer new patients means less work

What Can You Do?
What Can You Do? (cont.)

This hospital shall provide emotional, psychological, behavioral, spiritual and physical support to patients, families and all company staff through the use of a Family Assistance Center with the support of social services, care coordination, and use of chaplains during a tragedy.

What Can You Do? (cont.)

• Upon notification of an emergency event, the HICS Operations section chief will determine the need to establish set up of the Family Assistance Center, located at Sierra Ground Floor (Education and Simulation Center across from Cath Lab) supported by a Psychological Support Unit Leader with the assistance of Behavioral Health and Social Services Department Representatives
• The Psychological Support Unit Leader will assign staff to support the Critical Incident Stress Management Program
What Can You Do? (cont.)

- Designate a secluded debriefing area within a family assistance center where individual and group interventions can take place especially sensitive issues
- Establish and deploy teams composed of staff, clergy and other mental health professionals to support the psychosocial needs of staff

Code Silver

Any staff member who becomes aware of any of these situations should initiate help:

- Call (9)911 immediately
- Call Support Services Dispatch ext 6666
- Tell them the scenario and location
- Stay on the line until the dispatcher says you can hang up
Code Silver (cont.)

Upon hearing Code Silver paged overhead, all staff should take immediate steps to ensure the safety of themselves, as well as patients, family members, visitors, etc.

- Bring people nearby into areas that can be secured (e.g., offices)
- Close and lock doors, if possible
- DO NOT open door or look out to see if things seem ok!
- Stay quiet and concealed until “All Clear” is paged

Code Silver (cont.)

- Code Silver is paged for a security alert related to a person brandishing a weapon, shots fired and/or a hostage situation
- “Weapon” includes guns, knives or any instrument or substance that could be used as a weapon; a person seen brandishing any such items, whether within the facility or anywhere on campus, should be reported to law enforcement and public safety immediately
### Code Silver (cont.)

- Code Silver is also used in the event of a hostage situation; this could involve staff, patients, family members, other visitors
- Immediate response from law enforcement is critical
- Staff response is very different from other codes
- Staff **should not** go to the area to assist; wait for law enforcement personnel to arrive!

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### Code Silver (cont.)

<table>
<thead>
<tr>
<th>RUN</th>
<th></th>
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<tbody>
<tr>
<td>Get out of the immediate area of danger</td>
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<tr>
<td>When possible, take people with you</td>
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<tr>
<td>Warn others not to enter the danger area</td>
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<table>
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<tr>
<th>HIDE</th>
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<tbody>
<tr>
<td>If you cannot get away from the danger</td>
<td></td>
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<tr>
<td>Bring people nearby into areas that can be secured (close and lock or barricade doors)</td>
<td></td>
</tr>
<tr>
<td>Do not open door or look out to see if things seem ok!</td>
<td></td>
</tr>
<tr>
<td>Stay quiet, out of view and concealed behind large objects</td>
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</tbody>
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U.S. Department of Homeland Security – Active Shooter Website  
http://www.dhs.gov/active-shooter-preparedness
Code Silver (cont.)

**FIGHT**
- As a last resort: attempt to take out the active shooter/armed intruder
- Adopt the survivalist mentality; commit to your actions
- Act as aggressively as possible against him/her
- Yell, throw items and utilize improvised weapons (fire extinguisher)

Communications
- HIPAA for mass casualty situations
- Criminal Investigation
- Family Assistance Center – Helping Family Members
- Getting scripting and other frontline communication to staff timely
- Communication between hospital operators and social workers – the 6060 line
Communications (cont.)

• Where the line is for media and how security should enforce (lessons learned from IHOP)
• On-site investigators and who our liaison is with outside investigative agencies

Know the Why?

• New Patient Orientation
• Clinical Care Orientation
• Emergency flip charts
• Practice drills
• Rounding with purpose
• Report outs to leadership
• Read and sign for front line staff
• News media/regional partners
Final Recommendations for After Action Report

- Policy and Education Revisions for Shots Fired
- Additional Online Learning Academy
  - Flashpoint for Healthcare – Violence in the Workplace
  - Shots Fired – Go Live Dates imminent
- Additional Public Safety fulltime employees
- Increased Training for Physicians – CME – Medical Staff
- Additional Security/Lighting Assessments in Leadership/Med Staff areas
Final Recommendations for After Action Report (cont.)

• Certification requirements for Public Safety Officer
• Educational Series in Professional Development
• Lenel camera upgrade throughout the hospital grounds
• Comprehensive review of all Access Control
• Northern Nevada Regional Intelligence Center – Virtual Floor plans
• Grant Model – Public Health – Emergency Management – Hospital Leadership

“The will to prepare to win must be stronger than the will to win”
“Cry in the dojo, laugh on the battlefield”
-Anonymous
Thank You for Listening, Caring and Sharing for the Safety of Our Patients, Visitors and Staff

Thank you

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