In the late afternoon hours of Friday, September 16, lives in our community were instantly and irreversibly changed. Renown Health received the first call at 4:26 p.m. A plane had crashed at the Reno Air Races into a crowd of spectators. It was in that moment that we realized our worst fears, yet we also knew that our work was only just beginning.

Within our own walls, plans we had trained for and trusted in were instantaneously put to the test. Immediately experts were mobilized, tasked with providing consummate care in a comprehensive emergency response unlike any we’ve ever faced. But it wasn’t just our hospital that responded; it truly was a community-wide initiative. Without the coordinated efforts and incredible skill of the first responders, without the knowledge and resources provided by the region’s other outstanding hospitals, without the outpouring of love and support from friends and strangers alike – the tragedy would have deepened. Because everyone worked together, there’s little doubt that many lives were saved that night.

The Air Race accident already has taken a deep toll. Lives were lost; our neighbors, friends and family are injured both physically and emotionally; we have experienced something collectively that has forever changed us. While there remain countless untold stories of heroism and compassion from that evening, this publication is our attempt to tell just a handful. We hope many will embrace this as part of their healing process, and that all will find reassurance throughout these pages that this community is able to care for its own even during the darkest of times.

Our work is far from over, as the path to healing will be a long one; however, I want to personally express my gratitude to the greater Renown family – the physicians and staff who work to make a genuine difference every day, and the entire community who – in the face of unspeakable tragedy – banded together in unparalleled unity.

With gratitude,

Jim Miller
President and CEO
SPECIAL EDITION 2011

COMMUNITY RESPONSE CHARACTERIZED BY TEAMWORK, SUPPORT

To say the entire community stepped up to assist in the aftermath of the Air Race tragedy would be an understatement.

“Everyone helped,” said Mike Houghton, President of the Reno Air Racing Association. “It was sometimes as small as a hug, and other times as big as saving someone’s life.”

Houghton says the response was “bigger than the sum of all the parts,” creating a synergy unlike any he has seen.

“It was amazing,” he said. “You couldn’t tell the difference between firefighters, REMSA and police — they were all in lock step working in unison, caring for the wounded and the deceased.”

“We were like a big family that pulled together,” Houghton said.

Part of that family was the men and women of REMSA, who were on scene with four ambulances and four crews on mobile units.

“The medical responders did an outstanding job under very difficult circumstances, and the community is grateful.”

— Reno Mayor Robert A. Cashell, Sr.

“Ultimately, we had 19 ambulances dispatched and 3 helicopters,” said Jim Gubbels, Vice President and Chief Administrative Officer for REMSA. “We transported 54 patients within 62 minutes of the crash.”

He credits crews on scene with the ability to triage quickly despite the tragedy.

“You have to remember that this happened right in front of them,” he said. “They had to wipe their brows, turn around quickly and fall into the rolls of triage, treatment and transportation. They deserve so much credit for the job they did.”

Additionally, Reno Police and Fire departments were instantly on hand, providing vital resources and care as well as securing the grounds and directing the uninjured toward safety.

The day following the accident, Reno PD worked closely with hospitalized persons, ensuring that every patient to ensure they had been reunited with their family members.

“We had several reports of missing persons,” said Det. Larmon Smith with Reno PD. “I made sure that every patient had alerted a family member that they were at the hospital being treated.”

Det. Smith credits multiple community agencies working together toward a unified goal.

“As a community, I saw a lot of people pulling together. Every single person I talked to said that in their experience — as devastating as this was — this was the most organized thing they have ever witnessed,” Det. Smith said. “This could have been so much worse if it was not for the way the community responded.”

Another piece of the response puzzle was anchored by local media.

“They truly were our link to the community,” said Kathy Carter, Director of Communications for Renown Health. “They were able to help us get important information to people who needed it.”

Taken together, Houghton says the community response was characterized by teamwork and unity.

“It was a complete network that had never been tested like it was that Friday,” he said. “But I’m not surprised by the level of mutual respect shown by and to our community. Everyone stepped up, and we couldn’t be more grateful.”

PATIENT PERSPECTIVE

TWO OF THE COUNTLESS STORIES FROM A LOCAL TRAGEDY

For the Elvin family, the Reno Air Races was an annual family outing. Many of the Elvins made this annual pilgrimage to Reno, a journey that would forever change the tight-knit family.

The family of 71-year-old Cherie Elvin, one of 11 who perished in the worst air race crash in history, finds comfort in the idea that she was surrounded by people she loved in her final moments.

“As tragic as it is that this happened to her, she was in the place she wanted to be with her family,” said family member Allen Elvin.

Cherie’s husband, Chuck, 71, sons, Brian, 49, and Bill, 41, and Brian Elvin’s wife, Linda, 45 — all from Kansas — all suffered serious injuries in the crash.

“As every single Renown employee my family has encountered during this tragedy has ended the conversation with, ‘What else can I do to help you and your family?’” Allen Elvin said. “The caring and compassion of your employees has meant so much to our family.”

The courage of the Elvin family has become an inspiration.

“I’ve talked with this family, so clearly impacted by this tragedy,” said Kris Gaw, Chief Operating Officer of Renown Health. “They’ve shared this dark time in their family’s life with us, but they’ve revealed such spirit. They have chosen to embrace their family and share their stories, and we’re so blessed to have been able to learn from their strength.”

Ed Larson, a 59-year-old telecommunications entrepreneur, knows all about taking risks in business; but he wasn’t about to take risks with his own life.

Once the 59-year-old Reno resident saw the out-of-control plane heading straight for him in his VIP box at the Air Races, he decided to run.

But shrapnel hit the spectator, severing his Achilles tendon, severely injuring his leg above the calf and hitting him in the head.

“All I saw was a real coordinated effort,” Larson said of the aftermath. “I had the sense — even though I had been knocked silly — that there were other people who were needily being loaded onto this Huey helicopter.”

As it turns out, Larson’s transportation was the same Air Race participant — a Vietnam veteran — who had just shown him around the helicopter a few hours earlier in the display area.

“There were so many personnel there who knew what they were doing,” Larson said. “It just makes you appreciate to be alive. I got extremely lucky.”
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“Instead of a specialist, we were all REMSA,” said Kathy Carter, Administrative Officer for REMSA.

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Fast Fact
Within 62 minutes, REMSA had triaged patients, critical patients were in ambulances in route to the hospital and initial treatment was provided to those needing care at the site.
Alvaro Devia, MD, was working a 24-hour trauma shift when the first calls came in from the field at the Air Races.

His first task was to ensure adequate resources were available for critically injured patients; his next, to prepare the region’s only accredited Trauma Center for an influx of patients unlike any it had ever seen.

“At first we were told to expect up to 80 patients,” Dr. Devia said, adding that the unit is comprised of two large trauma rooms with in-bed digital imaging equipment. “We had never used all eight of our trauma bays at once until that night.”

And according to the physicians who utilized the resources, the capabilities in the Trauma Center made all the difference. Joseph Brandl, MD, a cardiac surgeon who volunteered his time the night of the accident, was grateful for the Center’s technology.

“The fact that we didn’t have to send the patients to have an x-ray – that was significant,” he said. “We were able to see the images on the flat-screen instantly. I have no doubt our Trauma Center technology saved lives.”

Trauma is a designation made by first responders in the field, and it is a specific medical specialty at Renown. As a key component of accreditation, a trauma surgeon is always on-site at the hospital, 24 hours a day/seven days a week, so that the most critically injured patients can be in surgery within minutes of arrival.

Additionally, patients transported by helicopter go from the helipad to a trauma room in 12 seconds by way of a high-speed elevator. That same elevator can take patients from trauma to an operating room.

“Our hospital is specialized for the care of the seriously injured,” said Myron Gomez, MD, Director of Trauma Services. “It’s important to note that this is a Trauma Center that has been online nearly a quarter of a century, so this is a mature and experienced system with full support.”

And that support even transcends this community.

“I got a call that evening from the medical director of the American College of Surgeons,” he said. “I got calls from other centers in bordering states and the Las Vegas Center. Everyone was telling me if patients needed to be transferred — if the volume was excessive — that other centers were ready to help.”

The capacity at Renown was tested, but never overwhelmed. Physicians from every specialty descended on the Trauma Center, offering critical care to patients in dire need. Dr. Gomez says the job of physicians in the Trauma Center is to get patients stabilized and then onto specialized care — most likely in the operating room.

“This is my sixteenth year here and definitely the worst cases I’d ever seen all at once,” said Michael Morkin, MD, Director of Emergency Services for Renown Health. “But the trauma care was highly organized. We had spent a lot of time thinking about this kind of situation and planning for it, and we were able to get the sickest patients in those trauma bays first and get them the care they needed.”

Dr. Morkin credits first responders with a skillful and organized triage at the scene.

“There were no simple patients in that first group, which is exactly as it should have been,” he said. “But everyone pitched in. The system worked, and everyone got the care they needed.”
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PRESIDENT'S REPORT

SPECIAL EDITION 2011

IN THEIR OWN WORDS
LOCAL PHYSICIANS REMEMBER THE AIR RACE TRAGEDY

ALVARO DEVIA, MD, GENERAL SURGEON AND TRAUMA SPECIALIST
“T was on trauma duty,” Alvaro Devia, MD, said of the day of the accident, during which he was in the middle of a 24-hour trauma shift. “So I was one of the first to get the call.”
Dr. Devia said it was clear from the first call that many patients would be significantly injured. His first task was to ensure he had resources at the ready.
“We did what we were trained to do that night,” Dr. Devia said. “We’re used to caring for critical patients. But we’re not used to seeing that volume and that intensity all at once.”
Dr. Devia was in charge of triage, matching patients to available resources.
“I’m so proud of our medical community – so many physicians showed up to help,” he said. “We had never used all eight of our trauma bays at once until that night. Everyone was in position and did an outstanding job.”

WES HALL, JR., MD, PLASTIC SURGEON
Dr. Hall was at home caring for his daughter when he received a call from Dr. Max Jackson, Chief Medical Officer at Renown Health.
“He said we had a situation and asked me to come in,” Hall said. “As a physician, it’s my job to respond to need. Any good physician does what needs to be done for the people of the community.”
Hall says he was struck by the number of physicians working outside of their specialties but still providing critical care.
“I’m looking at Joe Brandl, a cardiac surgeon, thinking I’d have him work on my heart any day of the week,” Dr. Hall said. “And here he is caring for a wound. We were so lucky to have these physicians lending a hand.”
Hall’s work is ongoing for these patients, as many have reconstructive surgeries in their futures.
“My work with these patients is only just beginning,” he said.

KEVIN LINKUS, MD, CARDIAC SURGEON
For Kevin Linkus, MD, it was his night to make dinner, so the off-duty doc was in the Caughlin Ranch Scolari’s buying a roasted chicken and some milk.
“I came out, turned on the car radio to KOH and heard the news,” he said. He immediately called Dr. Brandl, his partner, and told him he’d be right there to help.
“We’re all general surgeons at our core, so of course we’re there to help,” Dr. Linkus said, adding that his experience at UC San Diego — a large military trauma center — would come in handy.
He arrived as the first helicopters were landing.
“By the time I got there, there were 25 doctor names written on the OR board,” he said. “All of us were standing by and ready to go. I’ve never seen that kind of teamwork in other big hospitals. But it’s different here, because we’re still a small town.”

JONATHAN LAINE, MD, EMERGENCY MEDICINE
Jonathan Laine, MD, was already in the Emergency Room when he heard the news.
“It was almost 5 p.m., and we already had a pretty full slate of patients,” he said. “But we were also fully staffed and were able to deploy quickly to prepare for what was to come.”
He says within minutes, hospitalists were in the ER.
“They swooped down en masse and took as many patients upstairs as possible to decompress the ER,” he said. “That way we were better prepared for what was about to happen.”
He credits REMSA’s coordinated response with creating the best situation possible, given the scope of the tragedy.
“It was a spectacular response by EMS,” Dr. Laine said. “From the first patient to hit the door, they just came pouring through. The first were horrendously ill, and we were able to tend to them first.”
In total, Laine estimates he helped nine patients that night.
“All the doctors and all the area hospitals stepped up,” he said. “We were as busy as we’ve ever been, yet everyone was well cared for.”

JOSEPH BRANDL, MD, CARDIAC SURGEON
Joseph Brandl, MD, had just finished his last open-heart surgery of the day when he received a text message on his phone about the accident.
“It was ominous,” he said of the message, remembering the words “plane crash into VIP stands” and “expect large number of casualties.”
He teamed up with an anesthesiologist, Daryl Fenio, MD, who had worked with him during the day.
He says his first goal was to see if there were any injuries to the chest, given his specialty. But most patients had severe limb injuries.
“Upon arriving and seeing all eight trauma bays full and more patients arriving, we decided to take the patient immediately to the operating room,” Dr. Brandl said. “We have these elevators that shoot up like a ride in a carnival, so I knew we would be in the OR immediately. We were able to stabilize her, place lines and operate.”
Prior to her surgery, he remembers Dr. Fenio asking the patient for her name, mom’s name and phone number.
“After the patient was stable and asleep, Dr. Fenio called her mom and told her what had happened,” Dr. Brandl recalled. “It was remarkable for her to think to do that.”

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In the first four hours after the Reno Air Races tragedy, phone operators at Renown Health took over 1,500 phone calls from anxious family members and friends.

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IN THEIR OWN WORDS
RENOWN EMPLOYEES REMEMBER THE AIR RACE TRAGEDY

GRETCHEN WOLFE, RN, GENERAL SURGICAL UNIT

“I’m just so thankful he wanted to see the military stuff,” Wolfe said of her 4-year-old son, who had led her and her entire family and friends to the jet pits just south of the grandstands right before the accident. “We see this plane go up in the air, turn around and plummet down. Then there’s a hard crash and all this debris flying.”

Fortunately her children, 4 and 14 months, didn’t know what had happened. Wolfe asked her husband to take the family to the car, and she went to work.

“I walked over, and it was clear so many people needed help,” she said. “But it was remarkable how well executed it all was. For every victim, it seemed there were at least one or two nurses, an EMT and a firefighter. No one was alone.”

Wolfe helped load patients onto ambulances and dressed wounds, then went to work until almost 2 a.m.

“We’re all trained for this; it just comes naturally to help,” she said.

VALERIE LUEVANO, MSW, SUPERVISOR OF SOCIAL SERVICES

Luevano had only been in her position at Renown for three months the night of the Air Race tragedy; but with 10 years of social work experience, she knew just how important her role and that of her team would be in the aftermath.

“We’re there to provide closure,” she said. “We’re there to help families get the information they need and begin processing what they’re going through.”

She said members of her team spent much of their time in the Family Assistance Center and manning the family support line, trying to match up lists of patient names from all local hospitals including Renown with their families.

“At 1 a.m., we still had family members arriving from out of town who couldn’t find their loved ones,” Luevano said. “So we’d have conversations with detectives, who didn’t always have all the details either. We just wanted to help these family members get the information they needed so they could take the next steps.”

CHERYL MARTIN, MANAGER OF PATIENT ACCESS

“With a disaster of this magnitude, we know our job is important,” Martin said of the role of the patient access team. “People are looking for their loved ones. And we’re trying to facilitate that process.”

Martin spent the evening providing critical guidance, ensuring employees were positioned in the trauma bays and in the ER.

“As patients came through the door, our job was to get them an arm band and a chart so the clinical team could start their jobs,” she said. “We do our best to find out who they are, but that wasn’t always possible. We did the best we could.”

She says as the flurry of activity settled, she found herself able to personally escort family members to the Family Assistance Center that was set up in Mack Auditoriam.

“My heart goes out to the families,” Martin said. “They wanted information about people they loved, and that was part of our job that night.”

IN THEIR OWN WORDS

ALAN ROSE, RN, ER CHARGE NURSE

“My wife is a nurse in the pediatrics ER, so she knew what happened almost immediately,” Rose said. “She called her daughter, and told her to come get me.”

Rose was at a local gym, never suspecting his workout would be cut short by the worst tragedy this community has ever experienced.

“When she came in and told me my presence was requested — I knew it had to be bad,” he said.

Rose reported to the hospital and was told to go directly to the trauma rooms to help physicians. He saw three patients that night with a variety of injuries — amputations, lacerations, shrapnel wounds and more.

“I was with my last patient for about 35 minutes,” he said. “He was awake but in shock. My job was to keep him calm, explain what was happening, explain his injury and try to control his pain. He then went up to the OR, and thankfully he’s doing well now.”

KRISTINE STRAND, RN, SUPERVISOR — EMERGENCY ROOM

Drew Mahoney, lab tech at Renown Health, was at the Air Races on Sept. 16. As soon as the plane crashed into the VIP section, he immediately called charge nurse Kristine Strand.

“I was so thankful to him for having the composure to call,” Strand said. “It gave us a few minutes heads up, and I was able to call security and start our procedures.”

By the time official calls came in, Strand had already begun deploying resources.

“I was directing one person to get gurneys, another to get saline, another to get wheelchairs and telling them where to go,” she said. “It happened so quickly, but it was efficient and organized.”

She describes her role that evening as “traffic controller,” recalling escorting one patient off a helicopter.

“There were no words,” Strand said. “The patient was quiet but awake. The environment wasn’t quiet, but the patient was clearly in shock.”

There are simply too many community heroes to mention them all. Just six days after the incident, we came together to recognize the many physicians and staff who provided care for the injured. To watch their video, scan this QR code.

To download a QR reader, visit your preferred app store.
IN THEIR OWN WORDS
RENNOW EMPLOYEES REMEMBER THE AIR RACE TRAGEDY

GRETCEN WOLFE, RN, GENERAL SURGICAL UNIT

“I’m just so thankful he wanted to see the military stuff,” Wolfe said of her 4-year-old son, who had led her and her entire family and friends to the jet pits just south of the grandstands right before the accident. “We see this plane go up in the air, turn around and plummet down. Then there’s a hard crash and all this debris flying.”

Fortunately her children, 4 and 14 months, didn’t know what had happened. Wolfe asked her husband to take the family to the car, and she went to work.

“I walked over, and it was clear so many people needed help,” she said. “But it was remarkable how well executed it all was. For every victim, it seemed there were at least one or two nurses, an EMT and a firefighter. No one was alone.”

Wolfe helped load patients onto ambulances and dressed wounds, then went to work until almost 2 a.m.

“We’re all trained for this; it just comes naturally to help,” she said.

VALERIE LUEVANO, MSW, SUPERVISOR OF SOCIAL SERVICES

Luevano had only been in her position at Renown for three months the night of the Air Race tragedy; but with 10 years of social work experience, she knew just how important her role and that of her team would be in the aftermath.

“We’re there to provide closure,” she said. “We’re there to help families get the information they need and begin processing what they’re going through.”

She said members of her team spent much of their time in the Family Assistance Center and manning the family support line, trying to match up lists of patient names from all local hospitals including Renown with their families.

“At 1 a.m., we still had family members arriving from out of town who couldn’t find their loved ones,” Luevano said. “So we’d have conversations with detectives, who didn’t always have all the details either. We just wanted to help these family members get the information they needed so they could take the next steps.”

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“There were no words,” Strand said. “The patient was quiet but awake. The environment wasn’t quiet, but the patient was clearly in shock.”
On May 25 of this year, a drill took place that was 12 months in the making. The mock simulation brought to life a mass-casualty event involving an airplane crash with numerous victims. The drill realized: The skills practiced and perfected that day would be called into action four short months later.

“In hindsight, it’s amazing how close it came to reality,” said Michael Munda, Emergency Plan Manager for Renown Health. “Every county and city entity in northern Nevada and all 11 hospitals in the region participated. It was as real as it could get.”

HELP FROM HICS
The drill was testing the Hospital Incident Command System, or HICS, a comprehensive hospital and healthcare facility emergency preparedness model employed in jurisdictions throughout the nation. The system was implemented on September 16 — within minutes of the plane crashing into the ground at the Air Races, killing and injuring dozens of spectators.

“When we were first notified that there was the potential for up to 80 patients, we immediately went into Code Triage status,” said Kris Gaw, Chief Operating Officer of Renown Regional Medical Center. “This is basically an incident command system that is used nationally and locally, at state and federal agencies as well as hospitals throughout the country. It’s the system we use to manage emergency incidents.”

EMOTIONAL SUPPORT
Just as important as providing medical care is addressing the emotional impact an emergency incident like this can have.

“Within 20 minutes, a Family Assistance Center was set up and functional in Mack Auditorium,” Munda said. “Social workers and chaplains were available to help family members and loved ones deal with the emotional aspects of the incident.”

In addition to support services and resources, sandwiches, drinks and snacks were also available. Blankets and cots were provided for family members who wished to spend the night. “Working closely with the community Family Assistance Center, we coordinated with area hotels to offer free lodging to family members of those affected by the incident,” Munda said.

COORDINATED RESPONSE
Hospital staff quickly and effectively enacted HICS with the precision practiced during drills, establishing an Incident Command Center to coordinate with first responders and local/regional agencies. “Our incident command center was in constant contact with the incident command centers at Saint Mary’s and Northern Nevada throughout the entire Code Triage,” Munda said.

What administration didn’t expect was the outpouring of support from volunteers that came in droves to offer valuable assistance.

“We had more than 100 medical personnel show up ready to dedicate their services,” Gaw said. “It just demonstrated how seriously we all take responsibility for the community’s welfare. All the planning and pre-work created the best possible outcome for what was clearly our region’s most devastating tragedy.”

Munda serves as chair of the Inter Hospital Coordinating Committee, which brings together the region’s 11 hospitals and all first responders — Reno Police and Fire departments, REMSA, Washoe County Sheriff, Emergency Management, Health Department and more — to ensure coordination of protocols and response.

He says this team approach to the needs of the community was readily apparent the day of the tragedy.

“We were all reminded why we work in healthcare,” he said. “We’re here to help people. These were essentially our moms, our dads, our loved ones, our community. They were us, and we felt a deep commitment to do the best we could for them.”

A further component of incident response involves communications. Kathy Carter, Director of Communications for Renown Health, described her role as “one foot within the organization, and one foot in the community.”

“Our No. 1 concern is the care and safety of patients,” Carter said. “But we also have to communicate information from within the command center out via our media partners, who were so important in this event.”

TEAM RESPONSE
At its core, the HICS model provides hospitals of all sizes with procedures to advance emergency preparedness and response capability — both individually and as members of the broader response community.

“We drill as teams, but we’re all part of a larger team trying to accomplish a common goal,” Munda said. “Emergency Medical Services, police and fire in the field, the region’s other hospitals — we’re all working together to save lives.”

But the part the drills can’t prepare participants to process: The emotional toll of such a wide-scale, devastating event.

“That human, emotional element can’t be practiced in a simulation,” Gaw said. “But what I saw was this tragic situation bringing all our teams together inside these walls.”

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Fast Fact
The Inter Hospital Coordinating Committee brings together the region’s 11 hospitals and all first responders for a monthly meeting to ensure we can provide the care our community needs during a time of intense need.
HICS LAYS GROUNDWORK FOR COORDINATED EMERGENCY RESPONSE

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“Emotional support is one of the most important parts of an emergency situation,” Gaw said. “We coordinated with the local Department of Community Services to provide family services and emotional support for the families that needed it.”

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