Teamwork in Action: The SFGH Response to the Crash of Asiana 214

CSHRM Conference 2014

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Crash 11:28 am 7/6/13

How it happened

1. Boeing 777 from Seoul via Shanghai, approaching SFO runway 28L with tail low, struck seawall on edge of runway
2. Plane bounced, losing its tail, and skidded to a stop
3. Plane came to rest upright, and passengers exited down evacuation slides; top of plane was left charred by flames

Sources: Preliminary media and eyewitness reports.
Mechanisms of Injury

122 mph
196 kph
EMS Response

11:29 First 911 Call
11:30 First Ambulance On Scene
13:05 Tarmac Operations Cleared → Terminal

Two Patients Dead On Scene

16:40 Last Patients Transported

Resources Used to Transport 178+ Patients:
52 Ground Ambulances
4 Air Ambulances
2 Buses

307 Souls Aboard:
291 Passengers
16 Flight Crew
SFO MCI Plan

- SFO is part of SF, but in San Mateo County
- Different SF & SM MCI Plans & Activation Levels
- Unified Command
Combined START/JumpSTART Triage Algorithm

Able to walk?
- YES: MINOR → SECONDARY TRIAGE*
- NO: Breathing?
  - NO: Position Upper Airway
  - YES: Breathing
    - APNEIC: ADULT
    - + PULSE: 5 RESCUE BREATHS
      - APNEIC: DECEASED
      - BREATHING: IMMEDIATE
  - NO PULSE: PEDI
    - + PULSE: IMMEDIATE
    - NO PULSE: IMMEDIATE

Respiratory Rate
- >30 ADULT: IMMEDIATE
- <15 OR >45 PEDI: IMMEDIATE
- 15-45 PEDI: Perfusion
  - NO PALPABLE PULSE (PEDI): IMMEDIATE
  - C.R. > 2 sec (ADULT): IMMEDIATE
  - OBEYS COMMANDS (ADULT): DELAYED
  - DOESN'T OBEY COMMANDS (ADULT): IMMEDIATE
  - "A", "V" OR "P" (APPROPRIATE) (PEDIATRIC): IMMEDIATE

*Using the JS algorithm, evaluate first all children who did not walk under their own power.
Distribution to Hospitals

Trauma Centers:
- SFGH – 53 (10 Critical)
- Stanford – 55 (2 Critical)
- Eden – 2

Other Hospitals:
- Peninsula – 15
- Kaiser RWC – 10
- Sequoia – 5
- UCSF – 15
- CPMC – 9
- St. Francis – 7
- Kaiser SF – 5
- St. Mary’s – 4
SFGH Response

Notification & Activation:

11:35-12:05 Radio & TV Reports
12:06 SF EMS Red Alert Received
12:17 HICS & Disaster Plan Activated
12:30 Incident Management Team On Site
First Patients Arrive at ED

“Prepare for the First, the Worst, & the Most”
“Code Triage”
Mass Casualty Plan

Immediate Actions – Every Department Prepares for Surge:

- Clear ED – Expedited Admits & Discharges
- Radiology & EVS Move Available Gurneys to Ambulance Bay
- Prep OR & PACU for Rapid Turnover Damage Control Surgeries
- Open Inpatient Beds
- Open Clinic Treatment Areas for Minor / Delayed Patients
Hospital Incident Command System & Incident Action Planning

- Used Small HICS Team & Pre-Set Initial IAP
- HICS Team Roving
- Set Scheduled Briefings
- Opened Pediatric Clinic
- Rapidly Implemented Staffing Contingencies
Patients Came in Waves

1. About 12:30: 10 patients – 8 adults, 2 children. 5 critical patients including one child, & 5 serious.

2. 1 – 4 pm: 18 patients. Conditions range from critical to good.

3. 4 – 5 pm: 7 patients

4. 5 – 7 pm: 18 patients – all minor category.

53 Total Patients (23 Admitted) Day 1
Big Spike – Long Tail

Saturday – 53 Patients (23 Admitted)

Sunday - 8 adults & 1 child arrived at ED - all treated/released.

Monday – 4 children seen at Pediatric Urgent Care, treated and released.

17 patients still admitted (6 in ICU)

Wednesday – 1 adult treated/released.

Total of 67 patients: 36 adults & 31 kids.

One adult patient hospitalized until 10/22.
So What Can We Learn from This?
Unique Aspects of 214 Crash

- Rarity of Plane Crashes with > 100 Injured Survivors
- Unusual Mechanisms of Injury
- International Diplomatic & Security Issues
- Language & Cultural Issues
- High Number of Pediatric Patients with No Parents Present
Real & Potential Risks

- Complex Contaminated Injuries
- Untriaged Family Members → Patients
- Pediatric Patients → Increased Litigation
- Communication & Family Care
- Security
- Privacy
- Impact on Staff
Priorities for Patient Care

• Initial: Do Most Good for Most Patients
• Retriage Everyone
• Damage Control Surgery
• Follow Up: Coordinate Right Care for Each Patient
• Managing Critical Resources
• Decontamination - Toxic Exposures
Family Care & Reunification

- Identifying Family Groups
- International Phone Calls & Social Media
- Social Services Support for Families
- Clothing, Food, Housing & Transportation
- Cultural Competence

https://cccdpcr.thinkculturalhealth.hhs.gov/
Complexities of International Security & Family Reunification

- Patients Not Cleared Customs
- Staff from 3 Consulates
- Numerous Law Enforcement & Other Agencies On Site
- No Passports / Identification
- Confusion with Names
- 1 Patient Unidentified 2 days
Security Issues

- Lockdown?
- Identification - Who Can Come In?
- Separation of Patients & Family Members from Staff and From Media & Others
- Staff Called In / Registry & Spontaneous Volunteers
Worst Offenders

Solicitation of patients in the hospital by attorneys is strictly prohibited. Violators will be reported to the State Bar of California for unethical conduct.
Privacy – HIPAA & Disaster

- **What Info You Can Share**
- **Disclosure to Public Health Authorities**

http://www.calhospitalprepare.org/release-patient-information
Care & Feeding of the Media

Day One
- Hourly briefings
- MCI summary data
- Physician speaker
- What people can do
- Social media

Day Two & Beyond
- Regular briefings
- Media hotline
- Email blasts
- Physician & VIP speakers
- Requests for patient and family interviews

Timing is Everything
Asiana Airlines 214 Update from SFGH-August 12th

The update for today, Tuesday, August 12th at 11am, reflects that one patient has been upgraded from critical to fair condition. Updates will be made here only if there is a change in patient conditions.

SFGH has treated the following patients from the Asiana Airlines accident:

- Grand total of 67 patients. The largest number of patients treated by a hospital from this accident.
- 38 adults and 31 children
- Total discharged: 64
- Total deaths: 1
- Total in hospital beds: 2 – one in fair condition and one in critical condition.

NOTE: We cannot provide any patient interviews.
NOTE: We cannot provide any information about Asiana Airlines.
Controlling Media Access

Members of the media should contact 206-3376 for information.

Individuals who disrupt the provision of care or who try to obtain confidential patient information shall be reported to the on-site San Francisco Sheriff's Department and legal measures may be pursued.
“San Francisco General Hospital is sad to announce that a child who was injured in the Asiana Airlines accident died this morning.”
Caring for Our Caregivers

- Team Debriefings
- Open Debriefings in Wellness Center
- Open Chapel Times
- Active “Surveillance” for Issues
- Separate Operational Debriefing
- Schwartz Center Rounds
  

- Recognition
Sharing the Story...

SFGH Holler
SPECIAL EDITION
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Emergency Department
Judith Chavez, RN - We had outstanding teamwork. It's all about communication and trust. The day the plane crashed, SFGH staff was outstanding. I've had plenty of experience with multi-casualties and I felt good that Dr. Lokdawala trusted me to triage the patients as they arrived from the airport.

Pat Carr, Interim ED Administrator on Duty (AOD) – You could not have planned a better response. It validated everything we learned; it's all about the preparation. We were tested that day and to move forward we need to appreciate each other's expertise.

Nicole Dooling, RN - We were ready, everybody worked well together because we know what to do. I was so impressed, we were focused and we just do the best we can.

Melissa Pitts, RN - We were ready and calm because this is what we do. Everybody responded. Staff just came in, no one waited for a bed, it was amazing. It was the best teamwork and it was awesome. That day was a huge reminder of why we are here.

Kari Romero, MD - We were organized and prepared. Dr. John Brown was balancing the organization and performing his clinical duties. Brian and Scott were amazing, they treated a huge number of patients that were very sick. It's important to remember that we are a part of a team and our goal is to provide excellent patient care and not get distracted.

Dave Staconis, RN - Normal barriers and challenges broke down and it was amazing to see that all our training paid off. The porters were great, they cleaned and turned over those rooms so quickly. We should use that day as a model of what we can do.

Leslie Tynes, RN - I've never been more proud to work here, there was amazing teamwork. We know what we are capable of, and we can do this every day.

Pictured: Brooke Pleasanton, Sean Kirkehan and Nicole Dooling.

Pictured: Jeff Schmidt, Dave Staconis, Pat Carr, Melissa Pitts.
Reimbursement for Disaster Care Provided

$ Who is the payor?
$ What will be paid for?
$ Work with key stakeholders
$ Document
$ Document
$ Document
What Worked Well

- Surge Preparation – Drill Drill Drill Drill
- Patient Assessment & Treatment
- Kept Families Together
- “Wrap Around Care” & 3-Step Check-Out
- Media Relations
- Sharing Patient Names with Red Cross
- Collaboration Throughout - “Yes We Can”
- Staff Care / Schwartz Center Rounds
Improvements Needed

- Redundant HICS Team Notifications
- Patient Tracking Dashboard
- Management of Phone Calls
- Volunteers / Press / Lawyers
- Call US State Department for Support
- Notify CDPH Earlier re: Use of Tent
- Further Integration of Mental Health
- Patient Decontamination
Questions Later...

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