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

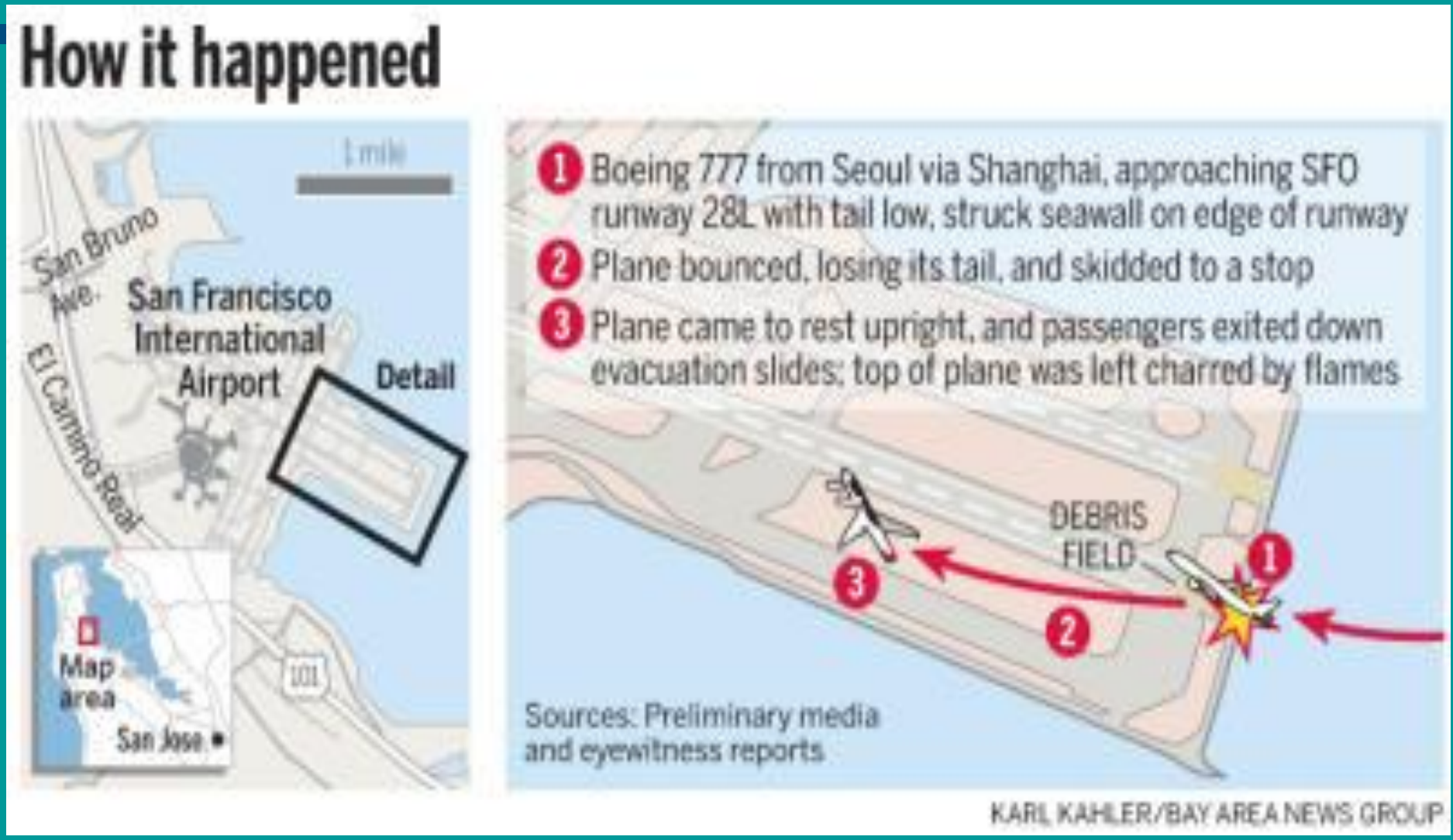
CSHRM Conference 2014

Lann Wilder, EMT-P

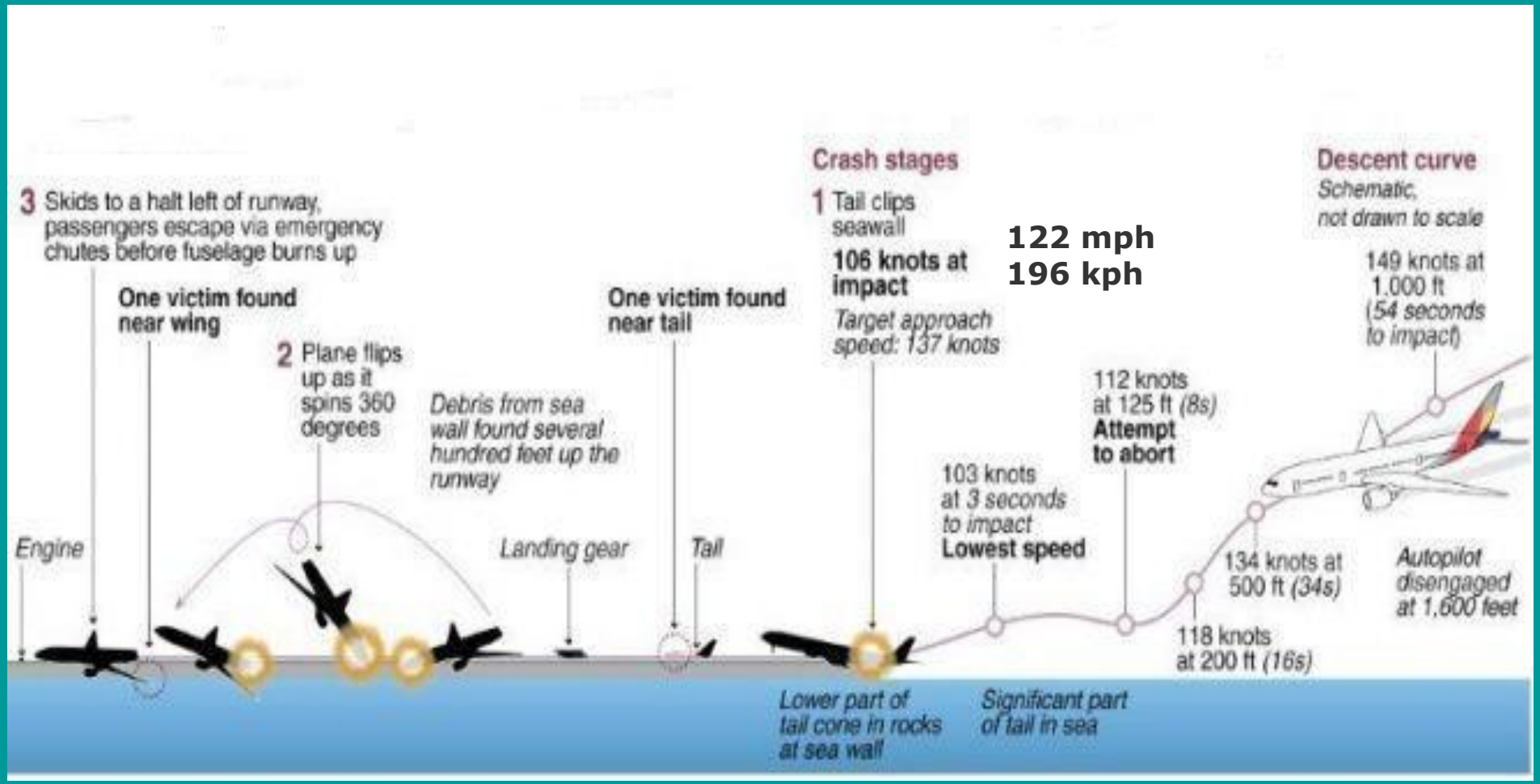
Director of Emergency Management

San Francisco General Hospital & Trauma Center

Crash 11:28 am 7/6/13



Mechanisms of Injury







FROM DAVID EUN/PA









EMS Response

307 Souls Aboard:
291 Passengers
16 Flight Crew

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

<u>Resources Used to Transport 178+ Patients:</u>

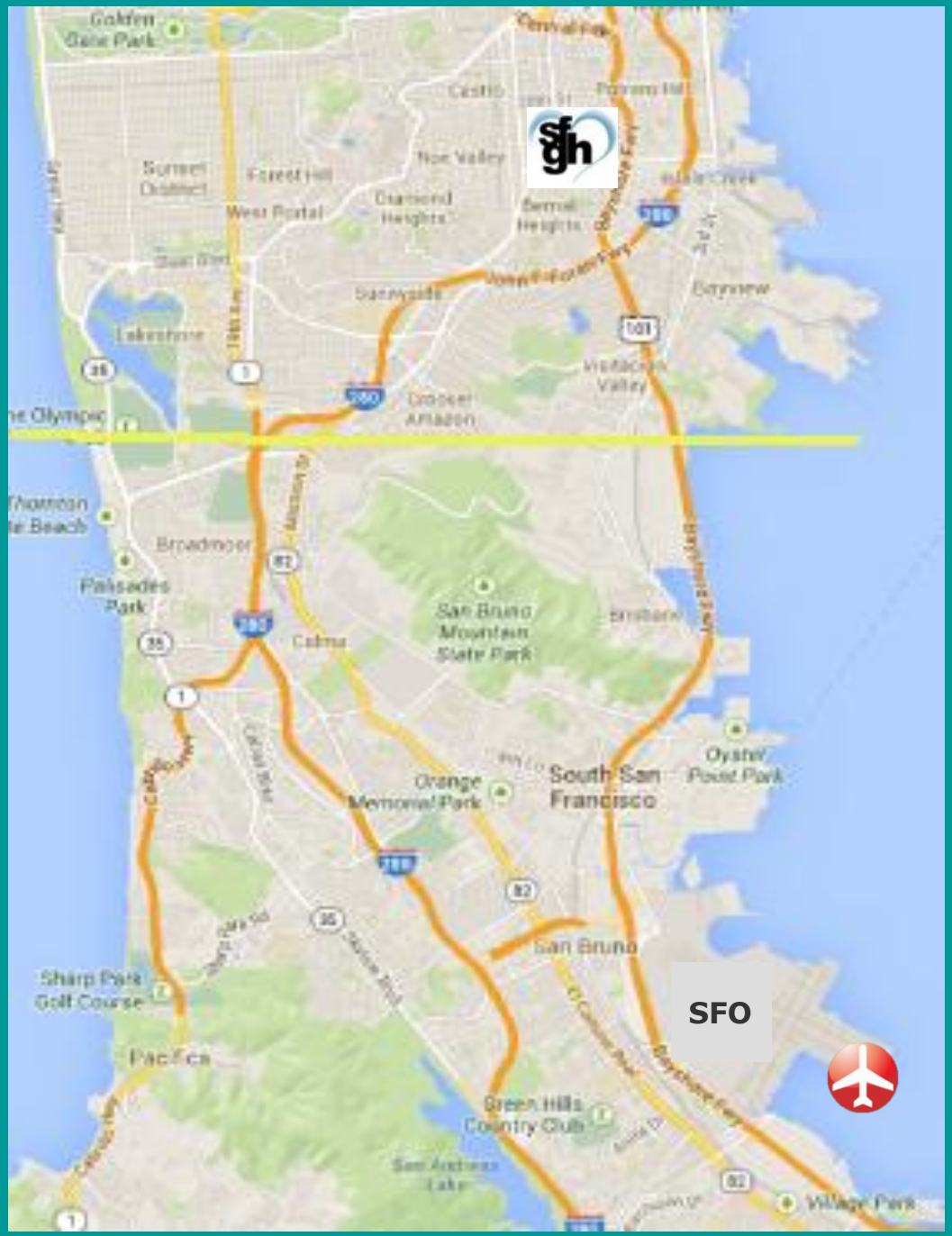
52 Ground Ambulances

4 Air Ambulances

2 Buses

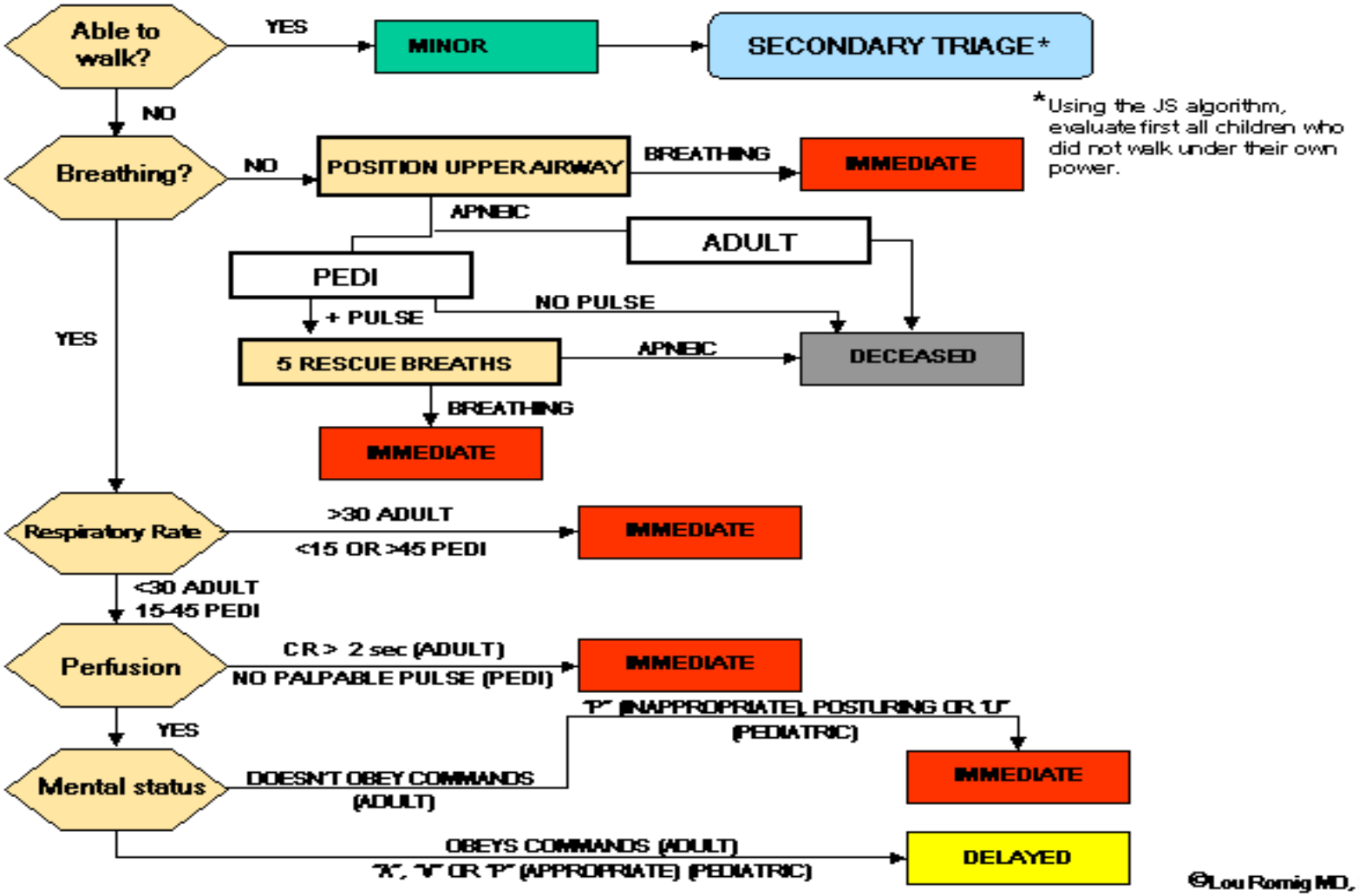
SFO MCI Plan

- SFO is part of SF, but in San Mateo County
- Different SF & SM MCI Plans & Activation Levels
- Unified Command



Prehospital Triage

Combined START/JumpSTART Triage Algorithm



©Lou Romig MD, 2002

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

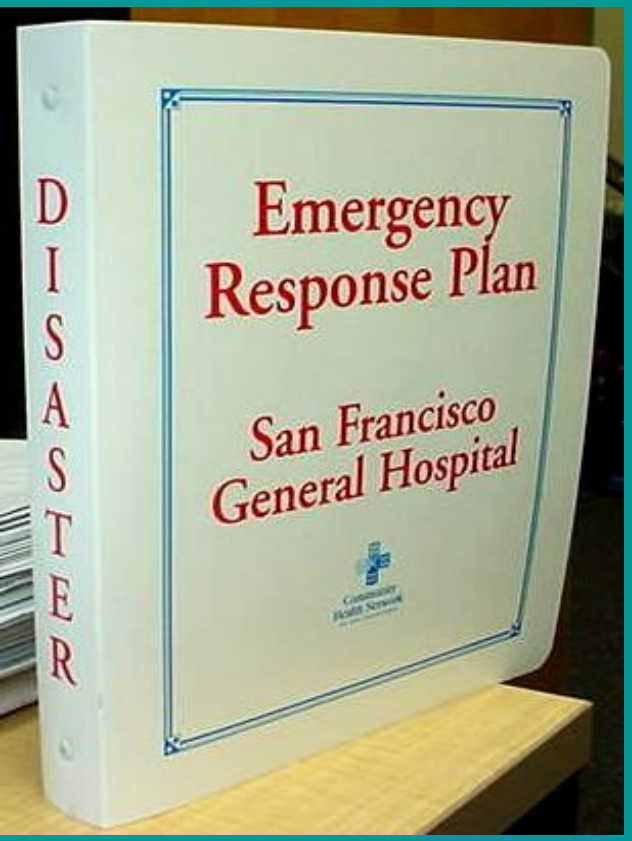
12:30 Incident Management Team On Site

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?

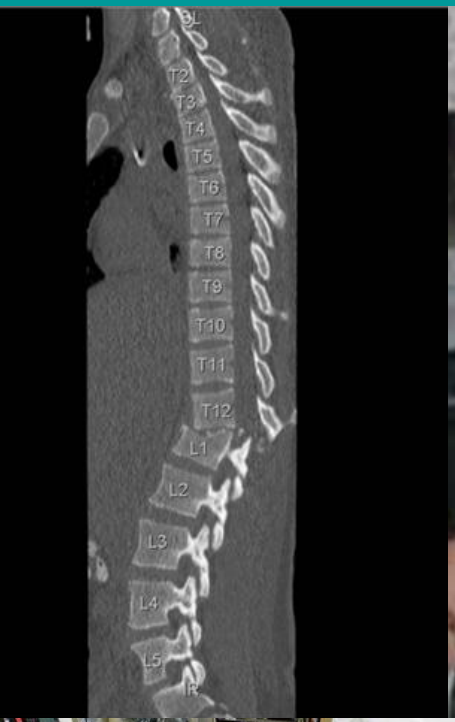
Unique Aspects of 214 Crash

- 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

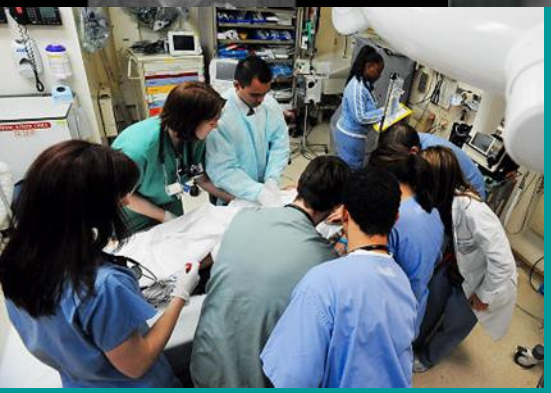
Real & Potential Risks

- 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***



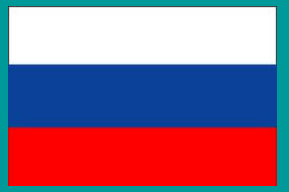
https://cccdpcr.thinkculturalhealth.hhs.gov/

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







American Red Cross

ASIANA AIRLINES
A STAR ALLIANCE MEMBER

UNITED AIRLINES

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

sfghemergencyinfo

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- Asiana Airlines 214 Update from SFGH- August 12th
- Asiana Airlines 214 Update from SFGH – July 22
- Asiana Airlines 214 Update from SFGH – July 19th
- Asiana Airlines 214 Update from SFGH- July 18th
- Asiana Airlines 214 Update from SFGH – July 17th

SFGH Twitter

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SFGH Facebook

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AUGUST 13, 2013 · 5:16 PM

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.

36 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.

Filed under Uncategorized Leave a Comment

JULY 22, 2013 · 11:34 AM

Asiana Airlines 214 Update from SFGH

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.

Patient Death 7/12/13



"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

  http://www.theschwartzcenter.org/ViewPage.aspx?pageId=20
- Recognition

Sharing the Story…







SFGH Holler

SPECIAL EDITION

August 2013
Volume 5, Issue 4



sfgh

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.*

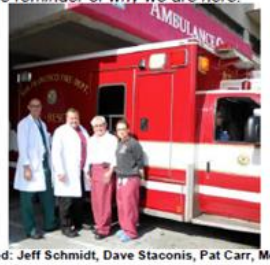


Pictured: Brooke Pleasanton, Sean Kivlehan and Nicole Dooling

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.*

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, 4B was amazing. It was the best teamwork and it was awesome.That day was a huge reminder of why we are here.*



Pictured: Jeff Schmidt, Dave Staconis, Pat Carr, Melissa Pitts

Sean Kivlehan, MD - *I'm proud to work here. We do so much training and planning and it all paid off. We worked as a team, the porters quickly cleaned the rooms, Chinese and Korean interpreters were there and eligibility workers were great. It was very cool.*

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.*

Reimbursement for Disaster Care Provided

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

What Worked Well

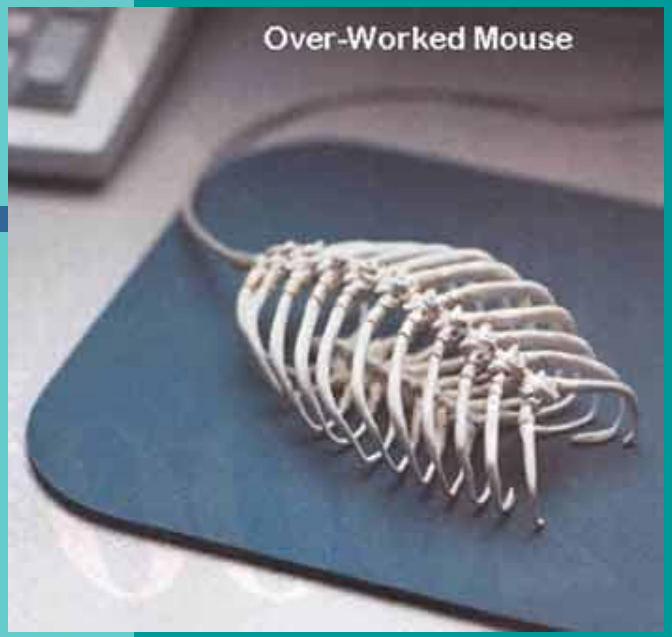


- Surge Preparation – Drill Drill Drill
- Patient Assessment & Treatment
- Kept Families Together
- "Wrap Around Care" & 3-Step Check-Out
- Media Relations
- Sharing Patient Names with Red Cross
- Collaboration Throughout - "Yes We Can"
- Staff Care / Schwartz Center Rounds

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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