January 8 – A Tucson Tragedy and a hospital’s response
Thursday, September 22nd
10:30 AM - 11:30 AM

Presenters
- Stephen Brigham, Architect
  - Director of Capital Planning & Projects
  - University Medical Center - Tucson
- Michelle Ziemba, RN MSN
  - Director of Trauma & Emergency Services
  - University Medical Center - Tucson

Learning Objectives
1. Hear first hand from hospital administrators involved in one of this years most highly publicized tragedies.

Learning Objectives
2. Learn how a trauma center responded to the clinical and operational requirements for managing a national tragedy.
Learning Objectives

3. Learn how all hospitals need to be physically and operationally prepared to accommodate a "hospital surge" in the event of any internal or external disaster.

Learning Objectives

4. Discover how facilities staff served in central roles during the event and in subsequent responses to news agencies, governmental agencies, and community volunteers.

This was tough year…

Earthquakes and volcanoes

due to natural events…

Weather
...and too many un-natural acts of violence

Japan...

Earthquake and Tsunamis

Japan – Tōhoku coast

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Norway…
Bombing in Oslo……and massacre on Utøya island

Joplin tornedo…

St. John’s Regional Medical Center

St. John’s Regional Medical Center
Joplin, Missouri
St. John’s Regional Medical Center

Joplin, Missouri

...and then there was Tucson on January 8, 2011

Where is Tucson?
Who is UMC

• Arizona’s academic medical center
• Level I Trauma Center for Southern Arizona
• 487 licensed beds
• 526 bed capacity
• Nationally recognized:

Who is now…

• Recent merger with University Physicians Inc.
• Integrated corporations and systems
• 6,000 FTE in Tucson

Recently completed addition

• New helipad
• New ED / Trauma Ctr.
• 54 ED rooms
• 7 Trauma bays
• 2 adult ICU units
• 2 adult med/surg units
• 88 adult beds
• Children’s Medical Ctr.
• 116 peds beds
• $184 M project
• 215,000 sf.
U.S. REP. GABRIELLE GIFFORDS TO HOST FIRST "CONGRESS ON YOUR CORNER" OF THE YEAR ON SATURDAY
Arizona Daily Star - January 8, 2011

10:15 January 8

- Notified by central medical communications that there had been a shooting with 10 victims and 4 medical helicopters were dispatched
- Next call UMC asked to take 7 “immediates,” 4 DOA on scene
- Media and law enforcement begin coming to UMC
Multi-Casualty UMC Arrivals Timeline, Jan. 8, 2011

Patient's arriving from scene:
- Patient "A"
- Patient "B"
- Patient "D" (helicopter)
- Patient "E" (helicopter)
- Patient "F" (helicopter)
- Patient "G"
- Patient "C"

Triage started

Emergency Department Response
- Emergency Medicine Physicians mobilized and prioritized the care of all patients and called in additional physicians.
- Available Trauma Surgery Staff in house (4) arrived in the ED as well as surgical resident staff available.
- Attending and resident staff divided themselves among the trauma bays to care for patients.
- Additional nursing staff pulled from other ED areas to staff the trauma bays and incoming.

Patient Destination
- 6 of the patients were taken directly from the ED to the OR
- 5 patients admitted to the Trauma Surgical ICU
- 5 patients admitted to the Trauma Intermediate Care Unit
- 1 deceased PICU

Physician Room Assignments
- Surgery Intern
- Surgery Upper Level
- EM Intern
- EM Junior
- EM Senior
- Surgery Attending
- EM Attending
Visitors and Family

- Immediately started working on identifying the families and the victims
- Political family and blood family
- Family and friends placed in large conference room area for initial briefing
- Individual updates done privately with each family group
- All done prior to press conference

Incident Command

- Initially, a multiagency incident briefing was completed. UMC, Sheriffs, TPD
- UMC implemented formal incident command structure for emergency operations.
  - This lasted through Sunday
- UMC maintained “stand down” emergency operations mode through the following week with regular briefings to key stakeholders.
- Daily morning briefings prior to press conference and as needed.

Overview of Activities

- Visitation/Access to Facility by patients and families
- Staff Arrivals and Support
- Privacy
- Discharges
- Media response
- Dignitaries visiting
- Donations and Memorial
### Public Affairs Team
- The on-call person assumed responsibility early in the situation and then other staff called in, recognizing the high profile patient and media response.
- Others on call and stayed overnight to manage media.
- Teams brought in from other departments to support efforts.

### Public Affairs Objectives
- Unified spokespersons for the event:
  - Dr. Rhee
  - Dr. Lemole
  - Kevin Burns - CEO
  - Michelle Ziemba – UMC Admin Director for Trauma (as needed)
  - Dr. Randy Friese – (as needed)
- As things settled, other subspecialty comments as appropriate:
  - Dr. Kathy Hiller, Emergency Medicine
  - Pre-hospital EMS representatives

### Media Response
- Daily press conferences in Kiewit auditorium adjacent to hospital but outside hospital building to reduce access to hospital by unauthorized staff.
- Scheduled daily updates and website updates to reduce interruptions and multiple demands.
- Transparent and available for interviews to avoid others from speculating and speaking on the event and the need to have specific talking points and messages.
- “Embraced the media”
- Limited spokespersons on event: Dr. Rhee and Dr. Lemole

### Media
- Food three times a day.
- Toilets.
- Treated them like we treat patients, visitors, and community how we want to be treated.
- Media embraced us.
- Families first, then the media.
Safety Officer

- Director of Security
- All security staff required to do extended shifts
- Immediately locked down and secured entrance to UMC (due to violent event)
  - Facility visitation by patient families
  - Controlled access to the facility
  - Name badges for patient families
- Protection of high profile patient
- Protection of staff and patients from media
- Protection of visiting dignitaries
- Security of the Memorial

Security liaisons

- Worked collaboratively with multi-agency response
  - TPD
  - FBI
  - Sheriff
  - Secret Service
  - NASA
  - Congressional Police
  - Staff with dignitaries
  - Victim Witness

Agency Needs and Accommodations

- Need for space for them to work
- Space close enough to patient and families
- Dedicated family lounge and or conference rooms
  - Need television
  - Need Internet connections, computers
  - Refreshments

Visitation/Access

- Lock down -- Stayed on lock down for 6 days
- Night-time visitation at two entrances staffed by UMC and Tucson Police Dept
  - Validation of ID
  - Check in for appointments
- ID badges issued to families
- Difficult and challenging but improved
- Additional computers and staff required to manage the influx of patients and visitors
  - Management of access for patients/visitors, physicians, staff, and students
  - Much improved within 48 hours
**Family Advocacy**

- Family first, then the media updates
- Support, advocate, and educate for families
- Family spokesperson and wishes articulated
- Challenges with patient’s right to privacy and patient confidentiality
- National media and the President can make you drop your guard.
- Policies and procedures over ruled and brought us back to focus

**Privacy**

- The challenge of ensuring patient privacy with transparency to the media
- 3 employees terminated for unauthorized access to the victims medical record
- Resources to protect the privacy of the patient and monitor medical record access of victims

**Discharges**

- Discharges which normally occur at the main hospital entrance were redirected due to media truck presence and pedestrians out on the lawn
- UMC was fortunate to have the Diamond Children’s lobby to avoid congestion for discharging patients

**Staff Arrivals and Support**

- Staff arrivals were encouraged through badge control entry ways in facility to avoid front lobby congestion
- Staff support for CISM debriefings and team discussion 1/9/2011 and continued through the week
- Staff volunteering coordinating through the staffing office
- Hospitality cart for all departments to recognize all staff in the facility and support them. Continued daily through January
- Enhanced leadership rounding on staff
Dignitaries Visiting
- President Obama and First Lady
- Governor Brewer
- Congressman Raul Grijalva
- Nancy Pelosi
- Janet Napolitano
- Senator Kyle
- Senator McCain
- Dr. Sanjay Gupta

Hospital Memorial
- The memorial began on day 1 and grew every day
- Community volunteers were constantly on-site
- Who was going to manage the increased media and community attention?
- What was going on at the Safeway Store and Giffords office?

The Memorials
*When something happens like this in a public place and anyone could have been a victim, we suddenly realize we're all vulnerable and we're all connected in a profound way...* The Arizona Republic

International focus...
Memorial sites

- The memorial at the hospital started on day 1 and grew every day
- Tragedies generate public passions, vigils, and media interest
- Coordination started immediately with other sites involved in the event (Safeway and Congresswoman’s office)

Memorial planning

- Four planning phases:
  1. How to manage active memorial(s)
  2. Dismantling / closing down memorial(s)
  3. Permanent memorials
  4. Fund-raising / donations

1. Memorial management

- Assign someone who is not involved in clinical or daily operations
- Work with security staff to gently control access
- Coordinate with Incident Command
- Engage key stakeholders and children
- Coordinate with victims/families
- Acknowledge past disaster victims/families
- Politics – focus on what hospitals do
- Remember other patients (and staff) in the hospital
2. Closing down memorial(s)
- Re-connect with staff not directly involved in the initial event
- Plan the close-down ceremony with staff, vigil leaders, and families
- "Storage" not trash - No dumpsters - moving vans
- Hospital chaplain – non-denominational spiritual leader and messages
- Engage an archivist if the event is significant

3. Permanent memorials
- Pre-plan before the event – memorials at a hospital?
- Allow time to make tough decisions
- Shift the focus from the hospital to the community - local governments
- Be careful of donated services, art, or contractors
- Beware of indirect marketing efforts
- Provide regular updates

4. Fundraising
- Be prepared to accept and celebrate small spontaneous gifts
- Use community organizations to help victims and families first
- Hospital fund-raising can not overshadow other disaster needs
- Coordinate with hospital foundation and other community foundations

Donations
- Received large donations of food for the victims, staff, law enforcement, and media
- Restaurants in the community stepped up to provide food
- Donations of money to the victims and Trauma Program
  - Coordinated through UMC Foundation
  - Community Food Bank
  - Flowers to local nursing homes
Lessons learned - 1

- Organizational readiness and commitment
- All hazards emergency preparedness
- Patient Progression initiative
- Patient Family Service Excellence Initiative
- Investment in Trauma System participation with EMS and community partners
- Commitment to be the only trauma center and meet the needs of Southern Arizona
- Positive relationships among our organization’s colleagues and relationship in the community

Lessons Learned - 2

- Active participation with community stakeholders
- Commitment to performance improvement we review past experiences and we keep getting better
- Commitment to best practice and innovation
- Dynamically changing environment
- Academics: we are expected to be the innovators, leaders, and challenge ourselves to find a bigger and better way.

Lessons Learned - 3

- Our team benefited from going through this together
- Greater cohesiveness among the team
- More purpose and meaning to our work
- Emotional impact--it affected all of us
- Community response and how much the community and the nation cared for us:
  - Admiration for the work we do
    - “You must really work hard”
    - “You did a fantastic job”
    - “You made us proud”

Lessons Learned - 4

- Tucson became caregivers. The whole community came together to unite and care for each other. We cared for them while they cared for us.
- People feel like they know us. The community is proud.
- The level of visibility and awareness for the things we do everyday. (Difficult to get used to)
- The nation became “Arizonans.”
Together We Thrive: Tucson & America

The next steps of community collaboration to move forward from this event