

VIRGINIA TECH RESPONSE



**Scott Hill, M.Ed., MHA, FACHE
Chief Executive Officer**

LewisGale Hospital Montgomery – Blacksburg, Virginia



Blacksburg, Virginia

Population: 41,000

Service Area Population: 150,000







INTRODUCTION



Virginia Tech

Virginia Polytechnic Institute and State University



- 2,600 acres - Located in center of Blacksburg
- Students 26,370
- Faculty 1,304

INTRODUCTION



INTRODUCTION



VIRGINIA TECH SHOOTINGS A 12-PAGE SECTION

THE ROANOKE TIMES

TUESDAY APRIL 17, 2007

roanoke.com

ROANOKE, VIRGINIA

Massacre on campus

Worst shooting in U.S. history



INTRODUCTION



www.usatoday.com
SPORTS SCORES



Webber 'driven' in Detroit

■ Journeyman finds success back home, TC
■ NBA's MVP up for grabs, 1, 8C

Chris Webber: At 34, season is "my last chance."
Tuesday, April 17, 2007

THE NATION'S NEWSPAPER

USA TODAY

NO. 1 IN THE USA

75 CENTS



It's 'Idol' country

■ Finalists tonight turn to country music, the format most successful for launching careers after talent show, 1D

Carrie Underwood: Idol winner is country star.

From: Unirel@vt.edu
Date: April 16, 2007 9:50:07 AM EDT
To: Multiple recipients
Subject: PLease stay put

Massacre at Virginia Tech
■ Special report ■ Pages 6-8A

A gunman is loose on campus. Stay in buildings until further notice. Stay away from all windows



■ How killings happened
Full-page graphic, 6A



At Tech: Susan Hyatt, daughter Mary McVillo

■ Impact in Blacksburg
The sound of 'emergency,' 7A

■ Schools look into security
Ripples felt across USA, 8A

■ Bush, queen express 'shock'
Region, school 'just coping,' 7A



'Today our nation grieves with those who have lost loved ones at Virginia Tech.'
— President Bush

'We could see where all the ambulances were, and we

Blacksburg's darkest day

Campus reels with shock, anger after deadliest U.S. shooting



Wounded: Emergency responders rush a victim out of Norris Hall after the second of two attacks Monday on the Virginia Tech campus. E-mail warnings came too late for people in Norris Hall.

33 dead after gunfire at dorm, in classrooms

Building's doors were chained shut

By Erik Brady and Brad Zinn
USA TODAY

BLACKSBURG, Va. — Police at Virginia Tech were working Monday to identify the man responsible for the deadliest mass shooting in U.S. history and to determine his motive.

to death two people in a dorm room on the other side of campus. Flinchum said investigators were unsure whether it was the same shooter.

"Snow was flying, bullets were flying — it was insane," said Stuart Mueller, assistant to the director of news and external relations in the College of Engineering.

She said that when she and others tried to get out of the building where the shooting was happening, they found that the doors were chained and padlocked. "My car just got to

Verron Collins confirmed the identity of one victim — Ryan Clark, a resident assistant at the dorm where the first shootings took place. Clark was from Columbus County.

Students complained they were not notified of the first shootings until an e-mail came near the time of the second shooting.

"Virginia Tech did a terrible job of dealing with this," said junior Matt Monroe, a civil engineering major.

But Virginia Tech President Charles Nye said university officials had done all they could. "We had no reason to suspect any other incident was going to occur," he said.

The deadliest U.S. shooting attack before Monday came in 1991, when a man drove his pickup into a cafeteria in Killeen, Texas, and shot 23 to 24 in Killeen, Texas.

Some students stunned at school's response

Warning didn't go out for two hours

By Gary Strauss, Blake Morrison and Monica Hortobagyi
USA TODAY

BLACKSBURG, Va. — By the time most Virginia Tech students learned of an early morning shooting in a campus dorm Monday, Derek O'Dell was crawling through his desk.

man class in Norris Hall and began shooting — that students were told via e-mail of the first shootings and warned to "be cautious."

For dozens of students — including O'Dell, the school's intramural chess champ — the warning came too late. Virginia Tech became the scene of the deadliest shooting rampage in U.S. history — one that left 33 people dead, at least 15 others injured and some shaking students questioning whether school officials could have done more to stop the carnage.

Cover story



April 16, 2007

- Unseasonably cold day in Blacksburg
32 degrees
- High wind warning 30-40 MPH gusting
to 60+ mph

INTRODUCTION



INTRODUCTION



LewisGale Hospital Montgomery

HCA Virginia Health System

An HCA affiliate

- 146 bed acute care facility
 - Licensed by the Commonwealth of Virginia
 - Accredited by The Joint Commission
- Emergency Room – Trauma Level III
- Major Services: General Medicine, General Surgery, Cardiology, Pulmonary, Orthopedics, Obstetrics, Gastroenterology, Urology, Oncology, Emergency Medicine
- Core teaching hospital affiliated with the Edward Via Virginia College of Osteopathic Medicine (VCOM)





Other Area Hospitals

- New River Valley Medical Center – Radford, VA (15 miles)
 - Level III Trauma Center
- Giles Memorial Hospital - Pearisburg, VA (24 miles)
 - Non Trauma Designated Hospital
- **Lewis-Gale Medical Center** - Salem, VA (30 miles)
 - Non Trauma Designated Hospital
- **Pulaski Community Hospital** - Pulaski, VA (35 miles)
 - Non Trauma Designated Hospital
- **Carilion Roanoke Memorial Hospital - Roanoke, VA (42 Miles)**
 - **Level I Trauma Center**

INTRODUCTION



Norris Hall



TOPICS OF DISCUSSION



- Emergency Medical Services (EMS) Response
- Hospital Response
- What Went Well
- Lessons Learned
- Recovery - We Are the Hokies!



The EMS Environment

- 6 Volunteer EMS Stations
- 2 Squads in Immediate Vicinity
 - Virginia Tech Rescue Squad (VTRS)
 - Blacksburg Rescue Squad (BRS)

EMS RESPONSE



➤ 0721

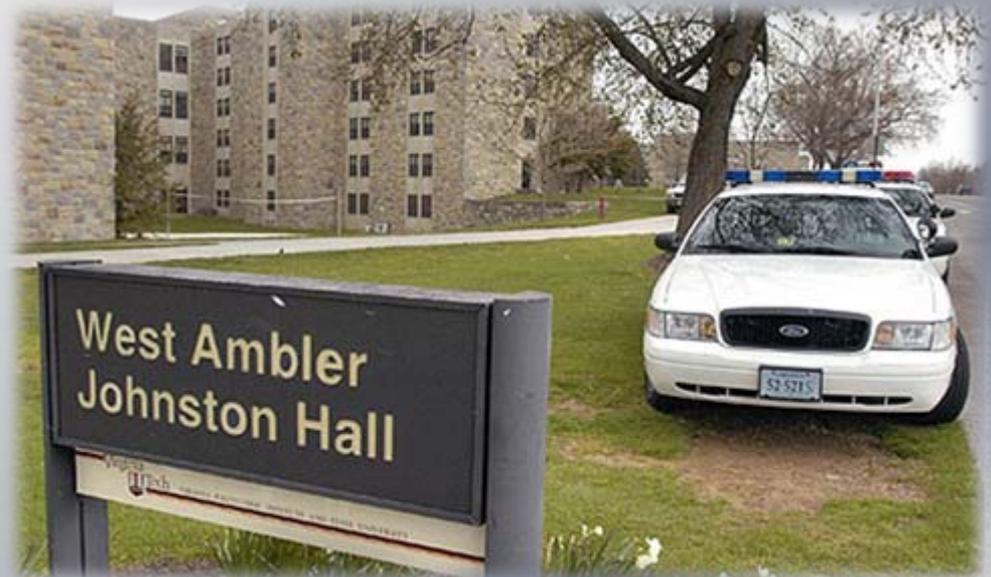
- Virginia Tech Rescue Squad (VTRS) dispatched to 4040 West Ambler-Johnston Hall (“West A.J.”) for “subject fallen from loft”

➤ 0724

- Virginia Tech Rescue Squad Responds
- VT Dispatchers advises further: “Subject lying against inside of door and pool of blood seen”

➤ 0729

- Patient Contact
 - 2 subjects with GSW’s



EMS RESPONSE



➤ 0735

- GSWs to head in both victims
- VTRS requests LifeGuard Helicopter
 - Advised unable to respond (fly) due to weather (snow flurries and high winds)
 - Would remain unavailable for rest of day due to high winds

➤ 0744

- Both patients transported to MRH
 - Advised shooting was most likely the result of a “love triangle”

EMS RESPONSE



➤ 0942

- VT Police Department dispatched to Norris Hall “Active Shooter”

➤ 0946

- VT Rescue Squad dispatched for shootings in progress
- VT Rescue Squad begins setting up command post at their squad station just a few blocks from Norris Hall



EMS RESPONSE



- 0947 “Multiple GSWs”
 - VTRS contacts BRS requesting assistance
 - All available units mobilized from BRS
- 0948 “Bring them all!”
 - All Montgomery County EMS Agencies alerted to respond to the secondary staging at BRS station



EMS RESPONSE



- Initial Chaos – Everyone on different frequencies
 - BRS units were first to arrive at Norris Hall but did not see any evident command structure and did not yet know location of Command Post
 - VTRS had established a Command Post at VT EMS Station and a Triage/Treatment area nearby, but were having trouble communicating this to all ambulances because of the radio frequency differences
- Confusion among rescue squads as to where to go for “staging area”



EMS RESPONSE



- What was actually happening in Norris Hall?
 - Blacksburg Police were sweeping classrooms
 - SWAT medics were doing initial triage in classrooms
 - Viable victims were initially moved into hallway
 - Once building was deemed safe by police, EMTs moved in to begin assessing victims and removing them to the BRS Triage area outside the Norris Hall entrance



EMS RESPONSE



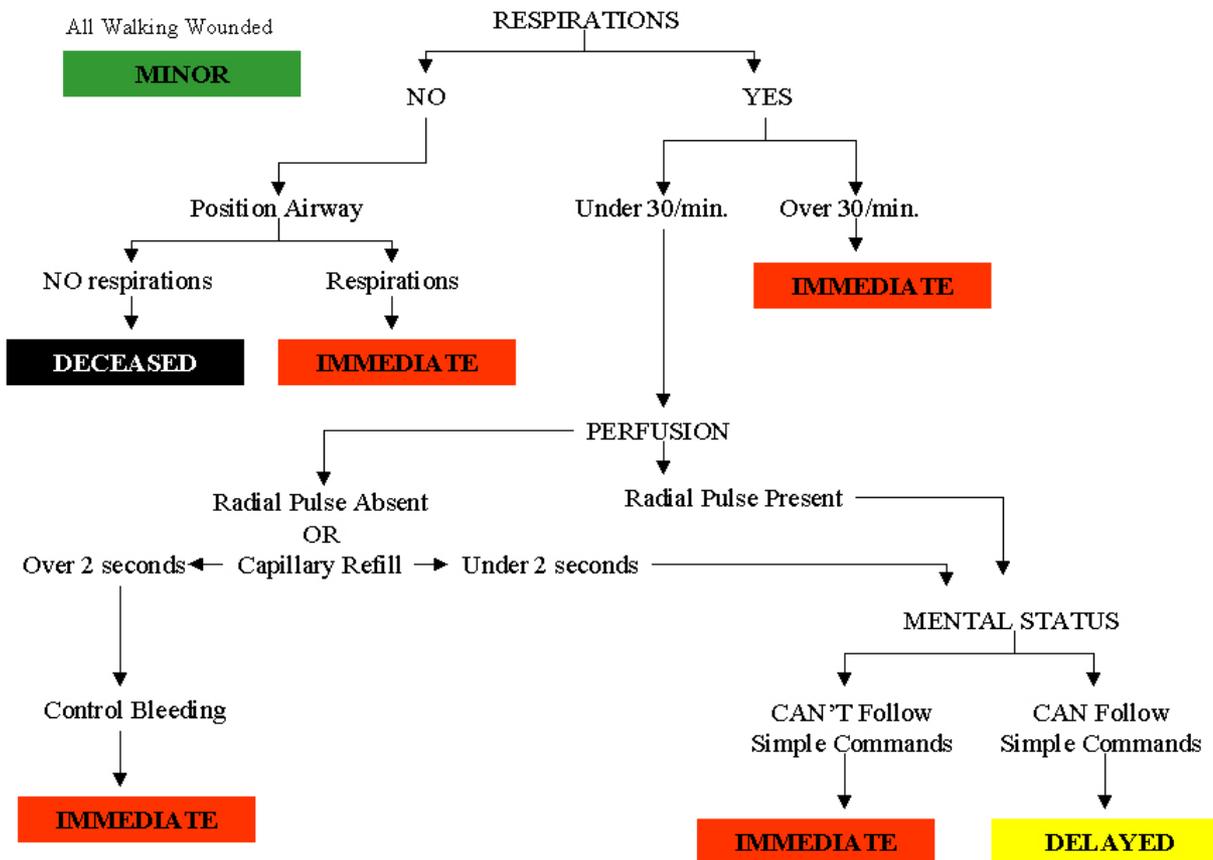
- What was actually happening outside Norris Hall?
 - Self-rescuers were corralled by BPD and transported via BPD vehicle to VT treatment area
 - One victim hobbled to a nearby Transit bus which transported him to MRH
 - Units from other county agencies were directed by police to the staging area near Norris Hall



EMS RESPONSE



S.T.A.R.T. Triage Algorithm



Simple
Triage
And
Rapid
Treatment

EMS RESPONSE



➤ Improvements on the fly

- By 1015 Unified Command Post Established at VTRS Station a few blocks from Norris Hall
- VTRS and BRS had joined the two communication nets together
 - Coordinated response of the two EMS agencies
 - Established Ongoing Communications with Hospitals
- Established a primary and secondary staging for incoming EMS units
 - Both a few blocks away



EMS RESPONSE



➤ 1051

- All viable patients removed from Norris Hall to either Transport Units or Treatment Area

➤ 1058

- False Alarm of 2nd shooter on opposite side of campus

➤ 1118

- Bomb threat reported at Norris and adjacent Holden Halls

➤ 1151

- All patients confirmed transported from scene



EMS RESPONSE



The Numbers

- 29 Total EMS Transported
 - 26 total number of victims transported
 - 3 victims transported from MRH and NRCC to RMH
- Final Deceased (Black) Count: 33

➤ 14 Agencies, 27 ALS Ambulances, 120+ EMS Personnel

- Blacksburg Rescue Squad
- Virginia Tech Rescue Squad
- Christiansburg Rescue Squad
- Shawsville Rescue Squad
- Longshop/McCoy Fire/Rescue
- Carilion Patient Transportation Services
- Salem Rescue Squad
- Giles Rescue Squad
- Newport Rescue Squad
- Lifeline Ambulance Service
- Roanoke Fire/EMS
- Vinton First Aid Crew
- Radford University EMS
- City of Radford EMS

EMS RESPONSE



“Overall the EMS response was excellent and the lives of many were saved.... The results in terms of patient care are a testimony to their medical education and training for mass casualty events, dedication, and ability to perform at a high level in the face of the disaster that struck so many people.”

Review Panel



LewisGale Hospital
Montgomery

HCA Virginia Health System

An HCA affiliate

Hospital Timeline of Events

HOSPITAL RESPONSE



- 0750 – 0755: Two GSW victims arrive at MRH ED from Virginia Tech Campus.
 - Victim #1 is dead on arrival.
 - Victim #2 - two GSWs to head - evaluated and quickly transferred to RMH (Level One Trauma Center) at 0830 (Pronounced dead at RMH)
- 0945: Emergency Department notified of gunshots being fired on Virginia Tech campus.
 - Multiple Physicians Called STAT to ER
 - Hospital initiated controlled access.

HOSPITAL RESPONSE



- 1000: Further information relayed from EMT at scene – “Prepare for Multiple GSW victims”
 - Condition Green (Disaster Code) called.
 - MRH Command Center opened
 - ED placed on divert to other EMS calls.
 - Elective OR procedures cancelled
 - 3 General Surgeons waiting in ED

HOSPITAL RESPONSE



- 1005: First patient arrives from Norris Hall
 - Stopped local transit bus – drove patient to ED
- 1014 -1015: Two patients (**YELLOW**) arrive via EMS
- 1005 -1020: Stable ED patients (not involved in incident) transferred to outpatient surgery area to free ED beds.

HOSPITAL RESPONSE



- 1030: Blood supply assessed at hospital and Red Cross notified
- 1030: Pharmaceutical Supply assessed. Pharmacist responded to ED
- 1030: Trauma materials and supplies assessed. Disaster Carts moved to area behind ED



HOSPITAL RESPONSE



- 1030 – 1040: Four GSW (**RED**) victims arrive via EMS.
- 1036: Media calls began and were forwarded to Public Information Officer (PIO)



HOSPITAL RESPONSE



- 1040: ED notified of 5 more victims on the way
 - MRH ER put on DIVERT
 - All further victims diverted to other area hospitals
 - Decision jointly by ER triage team
 - CNO
 - ED and Triage Physicians
 - EMT/RN Triage/Communication liaison
 - 4 Victims to CNRVMC
 - 5 Victims to LGMC

HOSPITAL RESPONSE



- 1044 – 1056: Five more victims arrive via EMS.

- 1045: Chief of Surgery/Triage Officer takes critically wounded patient straight to OR
 - All 3 available general surgeons are now caring for critically ill patients who need to go to OR
 - ED Physician takes over as Triage Officer
 - Request goes out to Lewis Gale to send General Surgeon to MRH

HOSPITAL RESPONSE



- 1100: Disaster/Trauma Counselors en route to MRH
- 1115: Unclear communications regarding number of additional patients to expect (ED had been put on divert status)
- 1120: Hospital liaison (Director of Emergency Medical Services) sent to Command Center at VT
 - Information relayed directly back to hospital

HOSPITAL RESPONSE



- 1130: Additional Surgeon arrives from LGMC
- 1151: Hospital Liaison at VT confirmed all patients had been transferred from scene

HOSPITAL RESPONSE



- 1212: MRH ED taken off divert.
- 1304 – 1310: Arrival of two patients who self-transported and were injured at scene, but not GSWs.
- 1330: Condition Green (Disaster Code) cleared

HOSPITAL RESPONSE



- Hospital remained on controlled access until last patient was discharged.
- Disaster/Trauma Counselors remained at MRH for a week after incident and were available to patients, families, EMTs, and hospital staff



MRH Medical Staff Response

- Physician/PA/NP Availability - Waiting in ED
 - 3 General Surgeons (2/3 Chest, 3/3 Vascular)
 - 2 Orthopedic Surgeons
 - 1 ENT Surgeon
 - 1 Urologist
 - 1 ED Physician
 - 2 Additional ED physicians
 - 2 Physician's Assistants
 - 1 Nurse Practitioner



MRH Operating Room Capabilities

- 6 Operating Rooms
- 3 Anesthesiologists
- 4 CRNAS

HOSPITAL RESPONSE



#	ARRIVAL	TRANSPORT STATUS	INJURY	DISPOSITION
1	7:50 am	DOA	GSW to head	DOA
2	7:50 am	Red	GSW to head	Transported to Roanoke Memorial Hospital by BRS
3	10:05 am	NA	Jumped from 2 nd floor: Fracture Mid Tibia-fibula	Discharged 4/21
4	10:09 am	Green	Asthma attack induced by running from building	Discharged 4/16
5	10:14 am	Yellow	3 GSW (Thigh x 2, Elbow)	Discharged 4/19
6	10:15 am	Yellow	1 GSW (Upper arm)	Discharged 12:35
7	10:30 am	Red	2 GSW (Right chest, Right flank/chest)	Discharged 4/23
8	10:35 am	Red	3 GSW (Abdomen, Buttocks, Scalp)	Discharged 4/23
9	10:38 am	Red	3 GSW (Jaw/Face, Head, Wrist)	Transferred to Roanoke Memorial by EMS
10	10:40 am	Yellow Red Yellow initially. Changed to red (right flank exit anterior abdominal wall MISSED BY REPORT)	4 GSW (Flank, Buttocks, Flank, Toe)	Discharged 4/21
11	10:44 am	Yellow	3 GSW (Arm, Hand, Abdomen)	Discharged 4/17
12	10:45 am	Red	2 GSW (Upper thigh, Mid thigh)	Discharged 4/27
13	10:50 am	Yellow	2 GSW (Arm, Forehead)	Discharged 4/17
14	10:55 am	Green	1 GSW (Hand)	Discharged 4/19
15	10:56 am	Yellow	2 GSW (Left thigh x 2)	Discharged 4/20
16	1:04 pm	Green	Burned at VT dining during tragedy	Discharged from ER
17	1:10 pm	Green	Jumped from 2 nd floor: Back pain	Discharged from ER

10:05 am – 10:56 am (51 minutes):

13 patients: 26 GSW, 5 RED, 5 YELLOW, 2 GREEN (1 self report)

10 admitted, 1 transferred, 2 discharged

HOSPITAL RESPONSE



1020 am: Early Mid-Disaster Reevaluation

- 1st two patients had been taken immediately into the two major monitored Trauma Rooms
- EMT Liaison at scene notified us that multiple RED victims were on their way
- Trauma Victims #5 and #6 injuries had been assessed as non life threatening
 - Both patients immediately moved to smaller non-monitored rooms

HOSPITAL RESPONSE



1020 am: Early Mid-Disaster Reevaluation



Triage team moved to ED Entrance:
Allowed more appropriate room assignment

HOSPITAL RESPONSE



By Matt Gentry, The Roanoke, Va., Times, 11/1/00

"A lot of patients": Virginia Tech students run from Norris Hall on Monday as an ambulance crew arrives to assist victims. Norris Hall was the scene of the second shooting attack Monday on the campus in Blacksburg.

Region's hospitals handle dozens of victims

HOSPITAL RESPONSE



➤ The Numbers

– 26 Patients transported by EMS

Hospital	Trauma Center	Red	Yellow	Green
MRH	III	6	5	5
NRVMC	III	1	3	0
Lewis-Gale MC	NA	0	4	1
Roanoke Memorial	I	3		



Regular drills, emergency events had hospitals ready for Va. Tech response

The four Blacksburg, VA-area hospitals that responded to the April 16 shootings at Virginia Tech were aided by a regional emergency response plan established for natural disasters and terrorist attacks. Disaster readiness drills coordinated by region-

al emergency medical services (EMS) personnel and other recent emergency events had tested hospitals' mettle, according to EMS and hospital officials.

As word first began to spread about the shootings, "we didn't know the number of victims ...

whether there would be two or 60 patients" sent to area hospitals, said Morris Reece, regional hospital preparedness coordinator for the Near Southwest Preparedness Alliance (NSPA), which includes the Virginia Hospital and Healthcare Association (VHHA), the state department of public health and the Western Virginia Emergency Medical Services Council. "We prepared for the worst case."

Thirty-three stu-

dents and faculty members, including the gunman, died. Meanwhile, area hospitals worked to save the lives of the wounded. Montgomery Regional Hospital, a 146-bed facility just miles from Blacksburg campus, treated 17 victims for gunshot injuries and others who suffered broken bones after they leapt from classroom windows to escape the approaching gunman. Patients also were taken to Carilion New River Valley Medical Center in Radford, Carilion Roanoke Memorial Hospital and Lewis-Gale Medical Center in Salem.

It was the type of tragedy that hospitals, police and other emergency responders prepare for, but rarely see. "I wouldn't say we were overwhelmed ... but I don't know that you can ever properly prepare for this type of violence," said Montgomery Regional Hospital CEO Scott Hill. In the week following the shootings, Hill kept the national media abreast of patients' conditions through daily press briefings.

Emergency responders set up a hospital preparedness center to help

hospitals keep in touch with one another and with state officials and EMS personnel. "In that center, we had all the facilities we needed to assist hospitals – radio communications with all emergency medical services, Internet and satellite service," said NSPA's Reece.

In an April 20 report to its hospital members, VHHA said "communication between hospitals was commendable," but noted that "interoperability among all emergency response partners is always an issue during emergency response" and cited occasional breakdowns in communicating via e-mail and cell phone.

The four area hospitals that treated victims – along with the state health department, EMS personnel and Pulaski Community Hospital (which did not receive patients) – logged onto a software program called Web EOC (Emergency Operations Center), which coordinated the response of area hospitals, EMS personnel and other providers. Among other things, the program provided up-to-the minute information on hospital diversion status and bed availability.

Reece said the regional emergency preparedness program is tested weekly, with full-scale drills conducted twice a year. It was used to handle responses to a norovirus outbreak among Radford University students in January, the bloody aftermath of a prisoner's escape from Montgomery Regional Hospital in August and a mass carbon monoxide poisoning

at Roanoke College in July.

"We've done it four times during the past year, and we feel we're prepared to handle these types of situations," Reece said.

A few days after the shootings, AHA President Rich Umbdenstock sent notes to the leaders of the four hospitals in southwestern Virginia thanking them for "the superb example of service you demonstrated to your community and to the entire nation in the course of the terrible events in Blacksburg. Your colleagues in care across America are proud of the work you are doing."

VHHA President Laurens Sartoris also commended area hospitals' performance. "In the face of intense international scrutiny, our members were responsive, poised and effective in not only communicating with the media during this tragic event, but also in their ability to care for the victims and their families," he said. "We are fortunate to have such dedicated professionals working in our hospitals."

Montgomery Regional Hospital CEO Hill heaped praise on the students who were brought to his hospital. "These students are serving as a motivational force for our staff right now," he said. "As you can imagine, there is a lot of stress associated with dealing with this type of event. To see these kids smile and say, 'we're not going to let this beat us, we are going to recover,' I can't speak enough to the strength of these students. They are Hokies tried and true."



WIDE WORLD/AF

TREATING VICTIMS. Carilion Roanoke Memorial Hospital staff take a victim to the emergency department. (R) Scott Hill, CEO of Montgomery Regional Hospital, briefed reporters April 17 on patients injured the day before in the Virginia Tech shootings.



AP/WIDE WORLD

WHAT WENT WELL



Nurses Respond to the Virginia Tech Disaster Published May 2007 "American Nurse Today"

When you work in an Emergency Department (ED) you expect the unexpected, but what happens when the unthinkable occurs?

As the night shift was ending, a call came over the rescue squad radio to respond to an incident at Virginia Tech. As the calls for assistance increased, the ED staff realized they had something significant on their hands.

Pulling together

Fortunately, several members of the ED staff serve on the local rescue squad and one was already on the scene. Radio contact between first-responders and law enforcement officers enhanced communication, as events unfolded. Because the hospital is a Level III trauma center and staff members participated in a disaster life-support program, they were prepared to act quickly and effectively. The fact that many staff members have critical-care certifications also helped prepare them.

After a second call came in saying more patients would be arriving, the staff activated their disaster plan. Within minutes of establishing a command station, the CEO and other members of the administrative team stepped in. Nurses off-duty hearing the news on TV and radio grabbed their scrubs and reported to work. Elective surgeries were canceled, non-critical ED patients were triaged to the outpatient surgery department, and the operating room (OR) rallied every available surgeon and anesthesiologist. One patient went directly from the ambulance to the OR. The intensive care unit (ICU) made beds available.



*Call participants from left to right: Elin Linkerhoker, Assistant Chief Nursing Officer, Don Hawthorn, Clinical Leader, OR; Jessica Fries, Staff Nurse, OR; Sid Dingley, Staff Nurse, ED and Captain, Blackstone Rescue Squad; Jude McElroy, Clinical Team Leader, ED; Barry Akers, Staff Nurse, ED; Judy Abney, Clinical Leader, ED; Krist Jackson, FNP, Hospitalist; Mike Hill, Director of Emergency Services; Loressa Cole, Chief Nursing Officer
Not pictured: M. J. Beam, Director of ICU/PCU.*

Outpouring of support

The outpouring of support has been indescribable: e-mails and phone calls from across the country and Canada, support from the business community through the donation of pizzas and hoagies, other facilities volunteering their staff for support or relief, around-the-clock grief counselors, and a heartfelt visit from Governor Tim Kaine.

As the week unfolded, the mood in the ICU changed from shock to joy. Students from Virginia Tech were able to visit freely. It wasn't unusual to have a room filled with 10 to 12 Virginia Tech students.

As the students' physical injuries began to heal, the attention turned to emotional recovery for both students and staff. Loressa Cole says her personal recovery began with rounding on the students and their parents four to five times a day. "You walk into any of the rooms and see beautiful young men and women with big smiles on their faces, and that's very healing." The life-saving teamwork from the Montgomery Regional Hospital organization demonstrates that these nurses certainly did.



CASE STUDY

Addressing a Tragedy

A Hospital's Emergency Response to the Virginia Tech Shooting

It promised to be a typical Monday morning at Montgomery Regional Hospital, a 146-bed general acute care and Level III trauma center located in Blacksburg, Virginia. A full complement of staff was scheduled to handle the day's variety of procedures. But early that morning, tragedy struck, and in a matter of hours, the day went from typical to unforgettable.

At approximately 7:30 A.M., two students were brought into the hospital after having been shot four miles away on the campus of Virginia Tech. One student was dead on arrival, and the other died shortly after. As the emergency department (ED) staff recovered from the shock of the first two shootings, a message came over the ED scanner notifying the hospital of an extensive, multiple-victim shooting at the university. Montgomery Regional Hospital jumped into action.

Activating the EM Plan

"Our first step was to call a Code Green, our disaster code, over the public address system to notify the staff there was an emergency," says Scott Hill, CEO, Montgomery Regional Hospital. "We also activated our call tree, which is used to call extra personnel into the facility." The hospital also activated its incident command system as well as other aspects of its emergency management (EM) plan. Hill assumed his role as incident commander, while Loressa Cole, chief nursing officer, Montgomery Regional, immediately went to the ED and stepped into her role as operations commander.

Preparing for the Mass Influx of Patients

"At the time of the shootings, several patients were already in the ED," says Cole. "We quickly evaluated these patients to determine who we could discharge immediately and who needed to be moved out of the ED for treatment elsewhere in the hospital." Cole directed all nursing directors to report to the ED to help with discharging and relocating patients.

The hospital has a 25-bed ambulatory surgery department located adjacent to the ED. According to the hospital's EM plan, this unit can be used to treat trauma victims during an emergency. The hospital cancelled all elective surgeries scheduled for that day in the unit and discharged patients waiting for surgery. "Within minutes, we had freed up our 16-bed ED and our 25-bed ambulatory surgery center, with the exception of a few patients who could not be discharged or moved elsewhere," says Cole. During this time, Cole also assessed the hospital's critical care department to determine the number of available beds for trauma victims as well as the status of the hospital's operating rooms. "Four ORs had surgeries under way, but they were all able to complete within 30 minutes, freeing up not only the rooms but the surgical staff as well," says Cole. "Three general surgeons, one ear-nose-and-throat surgeon, and two orthopedic surgeons were available to assist in the emergency. As a result of the call tree, additional critical care and ED nursing staff came in, as well as several hospital

staff members who came of their own accord when they heard about the shooting on the news."

Before patients began arriving on site, the ED staff was in constant communication with the first responders to the scene. "The communication with the first responders was outstanding. Before a patient arrived on site, we knew he or she was coming, the level at which he or she was triaged, and his or her identified treatment needs," says Hill. That day, the hospital treated 15 more victims from Virginia Tech in addition to the original 2.

Addressing Security Issues

The emergency created several security issues that Montgomery Regional Hospital had to address. "Our organization typically has one security officer on duty during the day. After the first shooting, this officer came to the emergency department, locked down the department, and manned the area," says Charlie Smith, director of plant operations and security, Montgomery Regional Hospital. "After we heard about the multiple victims on the ED scanner, we activated the security portion of the EM plan, which calls for members of our maintenance department to back up security. With this backup in place, we had six more individuals responsible for security."

The hospital needed to quickly control access to and from the facility because of the large volume of media, parents, and friends of the victims coming to the hospital. "We locked

WHAT WENT WELL



- Event occurred on Monday morning when hospital fully staffed, surgeons in-house, shift change for nursing staff, and ED not yet swamped.
- **Incredible** teamwork hospital-wide
- Trauma Designation



Regular Drills

- Usually 1-2 small disaster drills per year
- 10/2007 County Wide Disaster Drill
 - Explosion of hazard waste truck outside local area hotel
 - Wanted 80 casualties but could only manage 50
 - All EMS in County involved and staged in the MRH ED including decontamination showers located outside ED
 - Multiple emergency squads, ambulances, and EMTs took part.
 - ED physicians actively involved
 - MRH staff actively involved
 - Other physicians called to check communications and see if available

WHAT WENT WELL



- Patient re-triage and room assignment at ED door (Triage MD and EMT/RN)
- Patient received immediate screening in room and care was prioritized
- Disaster carts were already made up and easily available

WHAT WENT WELL



- Excellent Physician response
- Excellent Staff Response - many responded prior to receiving call.
- Pre-established contacts and planning with community partners.
- Overwhelming Response from Community and Nation

WHAT WENT WELL



- Counselors available quickly
 - Invaluable to patients, families, and to medical responders
- Counselors available for many weeks after the tragedy



Previous “Emergency Events”

- 8/2006 Prisoner overwhelmed his police guard in MRH ED, took his gun, and shot and killed the hospital security guard in front of the entire ED staff
 - MRH reassessed emergency procedures
 - Command issues
 - Staffing issues
 - Communication issues
 - Lock down procedures
 - Counseling issues – Emotional trauma, anxiety, depression
 - Disaster Planning – trauma carts

LESSONS LEARNED



August 20, 2006



Photos by MATT GENIRY | The Roanoke Times
Virginia State Police Tactical Team officers meet at the emergency room entrance of Montgomery County Regional Hospital on Sunday morning. The hospital was under lockdown till about 10 a.m.

SHOOTING: Suspect was in jail on charges of attempted robbery

LESSONS LEARNED



State honors fallen officers

Delegates introduce bill for McFarland

By Gene Morrell

gene.morrell@newsmessenger.net

Delegate Dave Nutter of Christiansburg was the chief patron of a bill introduced into the Virginia House of Delegates during this session of the General Assembly celebrating the life of Derrick McFarland, a security guard at Montgomery Regional Hospital, who was killed in the line of duty.



Derrick McFarland

"Whereas, Derrick McFarland is remembered from his grade

House Joint Resolution No. 779, which has been agreed to by the House and the Senate, states:

"Whereas, Derrick Lamont McFarland of Christiansburg, a brave and heroic security guard and member of the Montgomery Regional Hospital family, lost his life on Aug. 20, 2006, while coming to the aid of a law enforcement officer; and

"Whereas, known as one of the finest security officers in the history of the hospital, who gave his all, all of the time, Derrick McFarland was a wonderful employee and friend; and

Assembly celebrates life of deputy Sutphin

By Gene Morrell

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Delegate Dave Nutter of Christiansburg was the chief patron of a bill introduced into the Virginia House of Delegates during this session of the General Assembly celebrating the life of Cpl. Eric Sutphin of the Montgomery County Sheriff's Office, who was killed in the line of duty.

House Joint Resolution No. 778, which has been agreed to by the House and the Senate, states:

"Whereas, Corporal Eric Evine Sutphin of Christiansburg, a courageous and highly respected member of the Montgomery County Sheriff's Office, died in the line of duty on Aug. 21, 2006; and

"Whereas, before coming to Montgomery County, Corporal Sutphin amassed a wealth of experience over his distinguished 13-year career in law enforcement, serving with the Buchanan Police Department, the Charlottesville City Police Department, the Albemarle County Police Department, and the Fluvanna County Sheriff's Office; and

"Whereas, Corporal Sutphin honorably served his country for seven years in the military police of the United States Army and was discharged with the rank of sergeant; and



Cpl. Eric Sutphin

Fallen Heroes

LESSONS LEARNED



It can happen anywhere...

LESSONS LEARNED



- Practice and Drills do pay off
- Decisions were made early
 - Canceling elective procedures
 - Clearing ED patients to Outpatient area
- EMT Liaison (ED staff RN) on scene at VT communicated with ED and Triage Team
 - We knew what type of injuries were coming prior to arrival

LESSONS LEARNED



- Enhanced Patient Tracking
 - All victims need Triage Tags
 - Green – Yellow – Red
 - Injuries on tags helpful
- Speedy paper documentation essential or it is impossible to handle volume
 - Extra staff needed for paper work
- Trauma packets essential
- Patient ID essential (especially if unresponsive)
 - Must be able to track patients

LESSONS LEARNED



- Better Communications needed
 - Internal and external
 - EMS Radiofrequencies need to be the same
 - Cell phones/Nextel systems overburdened
 - Cannot count on cell phones in an Emergency
 - Campus alert systems

LESSONS LEARNED



- Administrative Liaison from hospital needs to be dispatched to scene Command Center immediately
- Police liaison needs to be at Command Center
- University liaison needs to be at Command Center

LESSONS LEARNED



- Need for improved communication between University and Healthcare System
- JIC
- Noble Training Center

LESSONS LEARNED



- Need consistent logical room ID system
- Consultants unfamiliar with layout of ED were “lost” in ED.
 - Named rooms hard to find
 - “Trauma”, “Cardiac”, “ENT”, “Suture”, etc.
- Rooms changed to “Numbers” post event



LESSONS LEARNED



- Larger waiting area for family and friends.
- Delegation of assignments not normally in employees daily job duties.

LESSONS LEARNED



- Lockdown and controlled access is a challenge for limited security personnel.
- Virginia State Police helped with lockdown



Again, practice and drills do
pay off!!!



Panel Recommendations for EMS

- Countywide Communications Center
 - To improve interoperability
- Unified Command Post to NIMS standards
 - Include Law and University Officials
- Stricter adherence to NIMS nomenclature
- Early opening of Emergency Operations Center (EOC) - Web based to coordinate all EMS in area



Panel Recommendations for EMS

- Annual Regional Disaster Drills
 - More inclusive
 - Regional Hospital Coordinators
 - State Agencies
 - Medical Examiner
- Accurately Completed
 - Triage Tags
 - Patient Care Forms – Trauma forms
 - Incident Command Service Forms
- Do not transport deceased in emergency mode
- Critical Incident Stress Debriefing (CISD) resources readily available as needed



Emotional and Psychological Impact

- www.PsychHealthRoanoke.com
 - John Heil, DA, LCP, FAPA
- >30 Counselors, Local and National



Hospital as a “Sanctuary”

- Information as “Dilemma”
 - Safe Harbor Provisions
 - VHHA WebEOC for patient tracking
- Ownership and Partnerships
 - Who is in charge?
 - Opportunism
 - Screening of Volunteers

LESSONS LEARNED



Media Control is Essential

Media frenzy at its height





SETTING THE STAGE

Massacre on campus

Worst shooting in U.S. history



A Global Story

- News teams from India, France, England, Holland, Canada and elsewhere
- Reporter Row in parking lot
- 300 calls a day



SETTING THE STAGE

A Who's Who of Media

- Katie, Stone, Matt, Larry, Oprah, Greta
- NY Times, LA Times, Washington Post, USA Today, People, Newsweek
- Associated Press, NPR
- Healthcare publications



Brian Williams, at left, reports for the "NBC Nightly News" on Monday from the Virginia Tech campus in Blacksburg. At right, Katie Couric, anchor and managing editor of the "CBS Evening News," sits beside Tim Tuttle, (R), a Virginia Tech freshman and Web developer for The Collegiate Times, in the press room of the Inn at Virginia Tech in Blacksburg.

Shootings draw national media to Blacksburg

As the day progressed, news vehicles from television and radio stations all over the East Coast rolled into town. Large newspapers also covered the story.



UNIQUE CHALLENGES

Overwhelming Media Call Volume

The Solution

- Staff up
 - HIM and Accounting handled family calls
- Use all available tools
 - Reporter hotline
 - Internet link
 - Proactive wire service releases
- Provide updates every 2-3 hours

DON'T HUNKER DOWN

LESSONS LEARNED



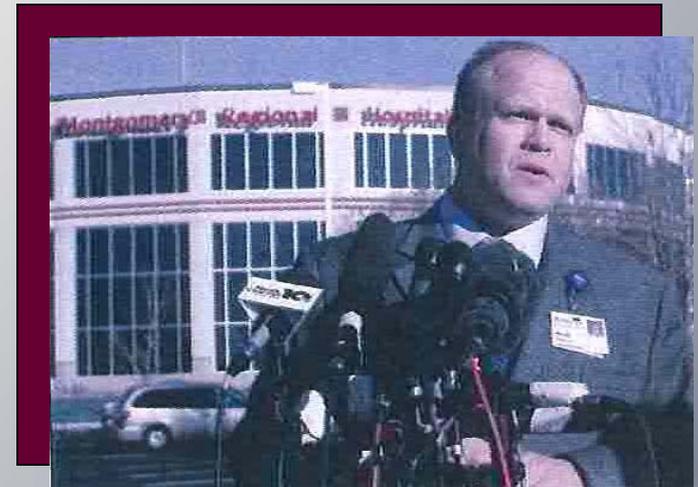


UNIQUE CHALLENGES

The Glare of the Spotlight

The Solution

- Find the right spokesperson
 - Administrative and clinical
(Two isn't always better than one)
- Dive into the pool
- Let your employees tell their story
 - Choose wisely and trust





UNIQUE CHALLENGES

Patient and Family Ambivalence

The Solution

- Explain their options
- Be open with reporters

**A father
learns his
son 'was
right there'**

By Mark Memmott
USA TODAY



UNIQUE CHALLENGES

The Search for the *Elusive Exclusive*

The Solution

- Find them a home
- Monitor their behavior
- Make tough choices about access
- Remember the hometown reporters



UNIQUE CHALLENGES

Where does reasonable involvement
end...

And objectionable self-promotion
begin?



Other Considerations

- Visual Image
- Media Impact
 - Understand motivations
 - Restriction of access
 - Local versus international
 - Maintain a therapeutic milieu



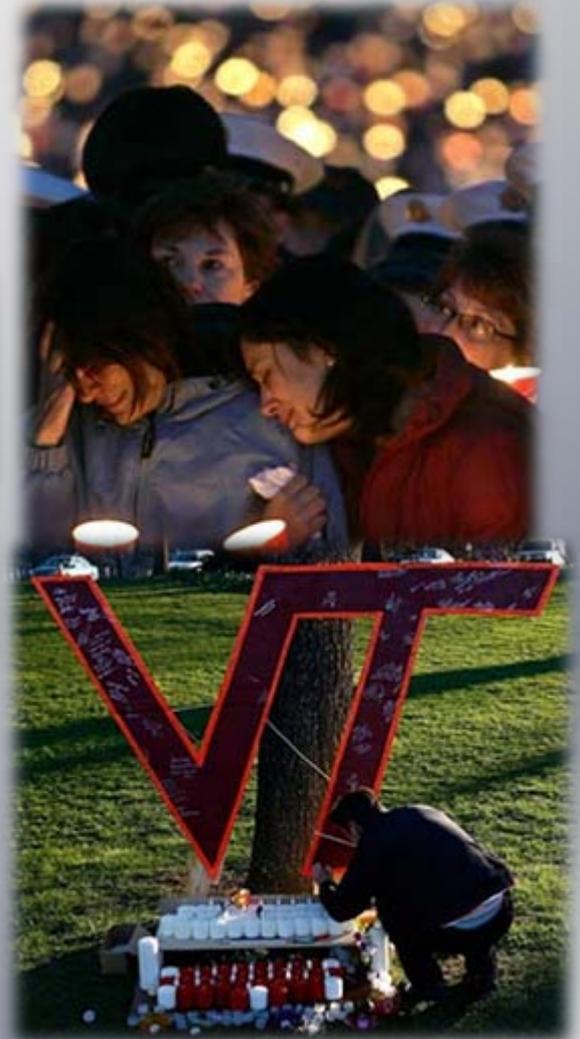
Long Term Impact

- Acute need peaked in day four
- Ongoing issues of fear, anger and uncertainty
 - Turnover
- Do not underestimate multitude and magnitude
- Address in EM Plan

RECOVERY



We are the HOKIES!



We Are Virginia Tech

Nikki Giovanni's Address, Delivered April 17, 2007



We are Virginia Tech.

We are sad today, and we will be sad for quite a while. We are not moving on, we are embracing our mourning.

We are Virginia Tech.

We are strong enough to stand tall tearlessly, we are brave enough to bend to cry, and we are sad enough to know that we must laugh again.

We are Virginia Tech.

We do not understand this tragedy. We know we did nothing to deserve it, but neither does a child in Africa dying of AIDS, neither do the invisible children walking the night away to avoid being captured by the rogue army, neither does the baby elephant watching his community being devastated for ivory, neither does the Mexican child looking for fresh water, neither does the Appalachian infant killed in the middle of the night in his crib in the home his father built with his own hands being run over by a boulder because the land was destabilized. No one deserves a tragedy.

We are Virginia Tech.

The Hokie Nation embraces our own and reaches out with open heart and hands to those who offer their hearts and minds. We are strong, and brave, and innocent, and unafraid. We are better than we think and not quite what we want to be. We are alive to the imaginations and the possibilities. We will continue to invent the future through our blood and tears and through all our sadness.

We are the Hokies.

We will prevail. We will prevail. We will prevail. We are Virginia Tech.

RECOVERY



How MRH Responded To Their Needs We Called In The Band . . .



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The Response
to the VT Band from
the ICU window



A Visit from the Governor



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The Coaches visit the victims



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And President George Bush



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From This...



RECOVERY



To This...



RECOVERY





NANA FOX / DN-R

Hit by three bullets during the April 16 shootings at Virginia Tech, Heidi Miller of Harrisonburg says of the killer: "I can't let him take away my life."

'There's A Reason I'm Still Alive'

After Surviving Tech Rampage, City Teen Relives Horror, Looks To Future

By **HEATHER BOWSER**
Daily News-Record

HARRISONBURG — On April 16, tragedy wrapped its bony fingers around Heidi Miller's comfortable life and squeezed, hard.

That day, Seung-Hui Cho brutally killed 32 students and faculty and injured 25 more at the Blacksburg campus of Virginia Tech. Of the dozens of bullets Cho fired from his semiautomatic pistol, three pierced Miller's leg.

One bullet shattered her knee, another split her femur and the third lodged in her lower hip, where it remains today.

But, even though the massacre escorted turmoil into Miller's life during what otherwise had been an idyllic

freshman year of college, Miller says she will prevail.

Miller was one of two Tech students from Harrisonburg injured in the massacre. And, like the story of the other Harrisonburg survivor, 34-year-old Gil Coleman, Miller's is one of hope and healing.

"I can't wake up every morning crying," said Miller, 19, the daughter of Lolly and Dennis Miller of Harrisonburg. "If I do that, [the killer] wins and I can't let him take away my life."

Small Decisions, Big Impacts

Miller's story begins with a series of simple decisions.

Six years ago, as an eighth-grader at Thomas Harrison Middle School, Miller chose to

See MILLER, Page A3

RECOVERY



RECOVERY



We Are the Hokies

RECOVERY



We Will Prevail!





QUESTIONS?