

MCI- The Pendleton Experience

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Disclosures

- None



Introductions



Sarah Doherty, RN
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Chief, Pendleton Fire/EMS



Objectives

After participating in this learning activity, learners will be able to:

- Summarize the START triage method and how it is utilized during an MCI.
- Identify and describe the four phases of emergency preparedness.



Pendleton

Pendleton Statistics



- Population of 16,685 (1,600 of those are incarcerated at the Eastern Oregon Correctional Institution)
- Median household income of \$54,834
- Agricultural community
 - Soft white winter wheat
 - Cattle
- Large employers
 - SAH
 - Wildhorse
 - Keystone RV
 - EOCI



Large Events

- Jackalope Jamboree
 - Three day concert, thousands attend
- CTUIR Pow Wow
- Pendleton Whisky Music Festival
 - Attendance is 12,000-21,000
- Pendleton Bike Week
- Pendleton Round Up
 - Attendance is roughly 50,000



Cabbage Hill



- December 2012 a Korean tour bus went over the side of Deadman's Pass
 - 9 deceased, 18 were transported to SAH
- March 2018 a 20 car pileup
 - 1 deceased, 11 were transported to SAH
- February 2022 a 170 car pileup
 - No deceased, SAH treated 15 patients



St. Anthony Hospital

St. Anthony Hospital

- 25 bed critical access hospital
- The following services are offered at St. Anthony:
 - Surgical services (OB/GYN, General, Urological, Ortho, Dental, ...)
 - Cancer/Community Clinic
 - Family Medicine Clinic
- Departments: ED, Med/Surg, CCU, Day Surgery and FBC



Emergency Dept.



- 10 treatment rooms. All with cardiac monitoring
- 1 trauma/resuscitation bay
- 1 provider on shift
 - 12 hour shifts
- 2 RNs 0700
- 1 RN 1000
- 1 RN 1300
- 2 RNs 1900
- 1 CNA 1200



ED Statistics-2021

- 12,286 ED visits
- 181 traumas
 - 171 blunt trauma
 - 49 managed in our facility after ED stabilization
 - 66 transferred to tertiary centers



Pendleton Fire

Pendleton Fire/EMS



- ASA
 - 2500 mi ²
- Employees
 - 21 Full time
 - 6-7 a day to staff two stations
- Equipment
 - Ladder truck, water tenders, rescue truck, wildland equipment, ambulances
- Fire Stations:
 - 2 in use 24/7
 - 1 additional at the airport



MCI: Fire/EMS

Key Numbers

- 1.75 miles — Length of the crash zone
- 170 — Number of vehicles involved in the crashes
- 71 — Number of people transported from the site to the Pendleton Convention Center



Key Numbers



- 17 — Number of people taken from the crash site to local hospitals. Two more later left from the convention center to go to a hospital
- 1 — Number of injured who required an emergency flight to Oregon Health & Science University, Portland
- 0 — Number of fatalities



Key Numbers

- 12 — Number of agencies that responded to the crashes, including Oregon State Police, Umatilla County Emergency Management and the Pendleton Fire Department
- 6 — Number of tow companies that responded



Unified Command



- Get the red out!
- Triage
 - RPM/ 30, 2, “can do”
- Treatment
 - ABC
- Transport
 - Communication
 - Two directions



EOC



- Support the Incident Commander on scene
- Movement of personnel, supplies, and resources
- LEO, DOT, County Emergency Ops
- Patient collection point
 - Pendleton Convention Center
 - Bussed from the hill



Practice

- After Action Report
- We cannot do it alone
- IMT
- Internal Triage practice (frisbee)
- Full scale drill
- MCI, Whisky Fest, Pendleton bike week, and Round-Up
- Triage Tuesday



MCI: Hospital

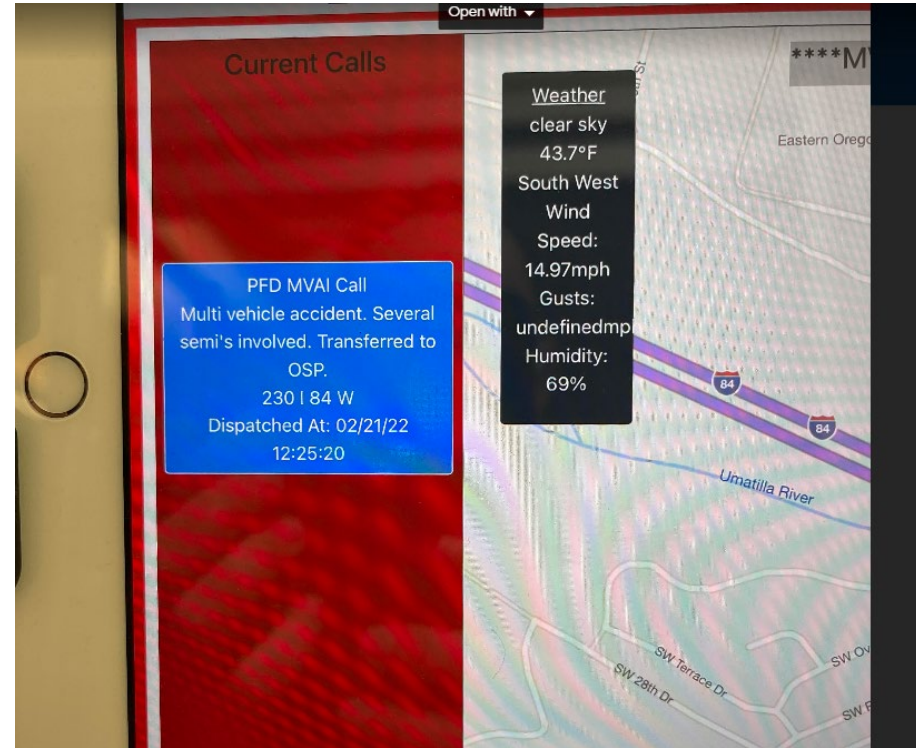
Four Phases of Emergency Preparedness

- Mitigation and Prevention
 - Road closures?
- Preparedness
 - Simulations/Real world
- Response
 - Code D hospital policy
- Recovery
 - The disaster is not over until a return to normal function



SAH Timeline

- 1224: 12 patients in the ED
 - Staff: 1 ED physician, 3 RN (fourth nurse at 1300)
- 1225: 911 dispatch for mutual aid to I -84
- 1231: CODE D activated
 - Hospital lockdown
 - Phone tree notifications
 - ICC setup



Patient Movement

Disaster Plan accounts for the movement of patients to free up space in the ED/OR

- ED census: 12 patients
 - 1 transferred by UCFD 1 to PSMMC
 - 5 discharged
 - 6 moved to Day Surgery
- DS census: 4 patients
 - 2 discharged
 - 2 admitted to the MS floor
- OR census: 1 patient scope cancelled



Staff Movement

- MCI Triage
 - Ortho surgeon/PFD Medical Director
- ED patients (in DS)
 - Hospitalist/PA (PFD Asst. Medical Director)
 - Experienced ED nurse/second ED nurse/DS staff
- ED patients (not related to disaster)
 - DNP/RN
 - MSE to clinic
 - Directed to DS



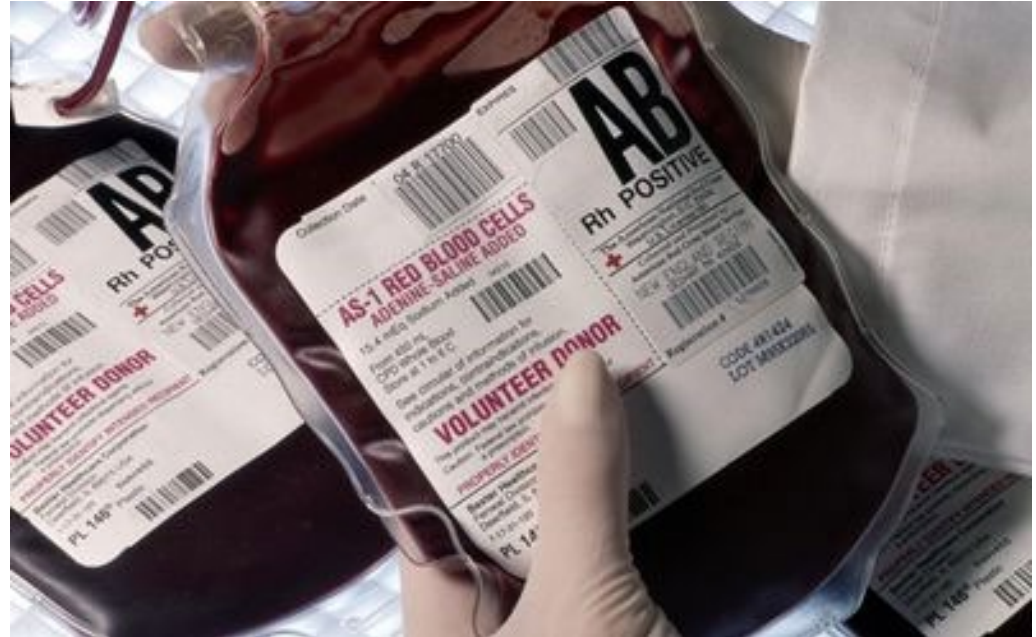
Pre-patient arrival

- Facility notifications
 - Helped with patient transfer
- Staff counts
 - Staff coming in
 - Staff standby
 - Team A/Team B



Pre-patient arrival

- Blood counts
 - 10 O+
 - 4 O-
 - 20 other PRBC units
 - 28 FFP
 - 0 Platelets



Pre-patient arrival

- Disaster Cart
 - Stop the Bleed go bag
 - Paper charts
 - Camera



Responding Staff

- 5 ED RNs
- 5 Staff RNs (All TNCC cert.)
- 3 CNAs
- 1 Medic from PFD
- 4 CRNAs
- 2 Trauma Surgeons
- 2 OB Surgeons
- 2 Pharmacists
 - brought additional critical drip boxes, fluids, etc.
- 2 Respiratory therapists

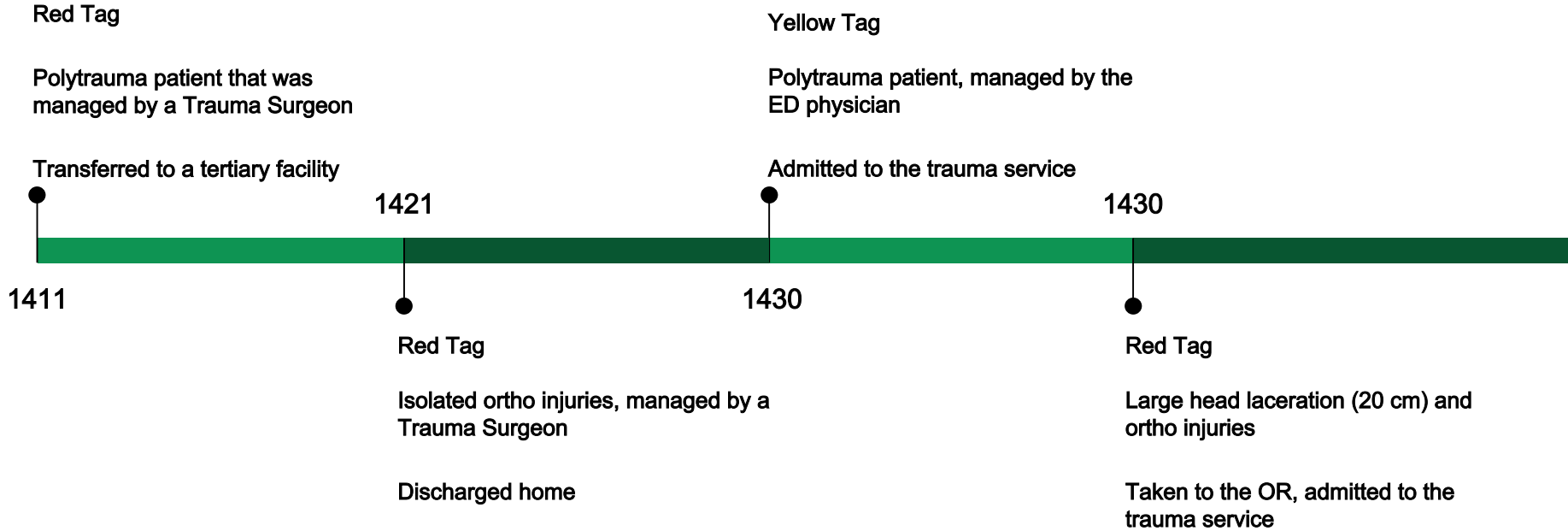


Responding Staff

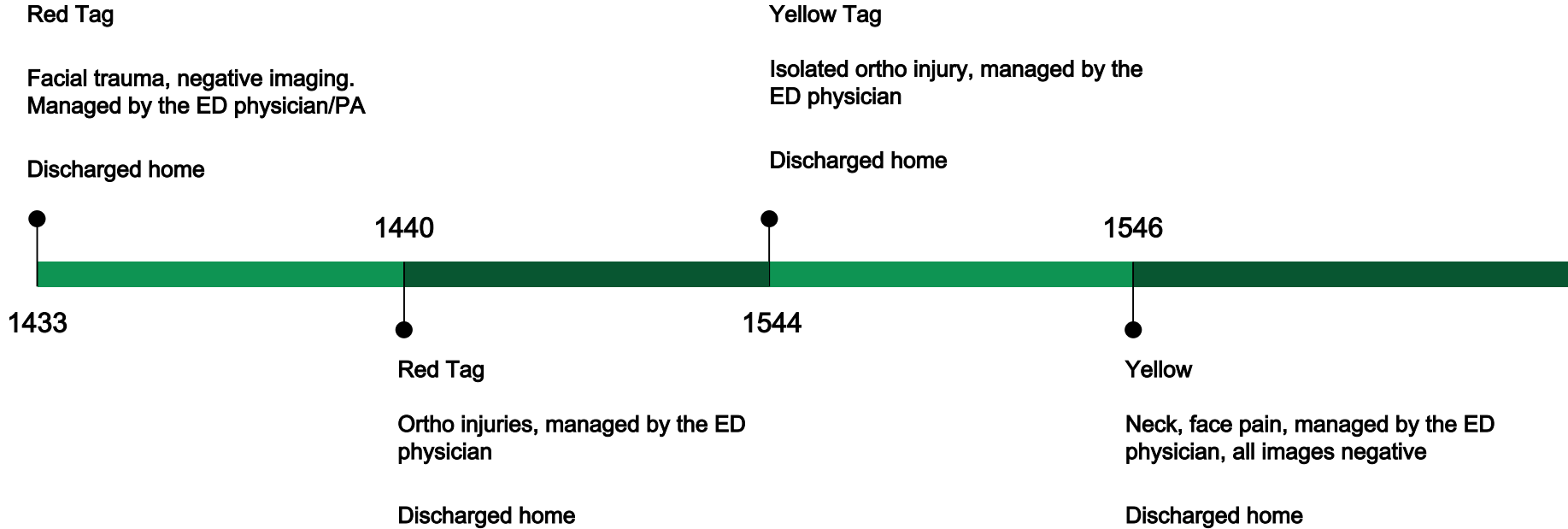
- Imaging Department
 - Cancelled all remaining outpatients
 - Staged with portable XRs outside of the ED
- Life Flight
 - WX kept the helicopters grounded
 - Fixed wing were actively transporting patients around the PNW
 - Crew drove to SAH



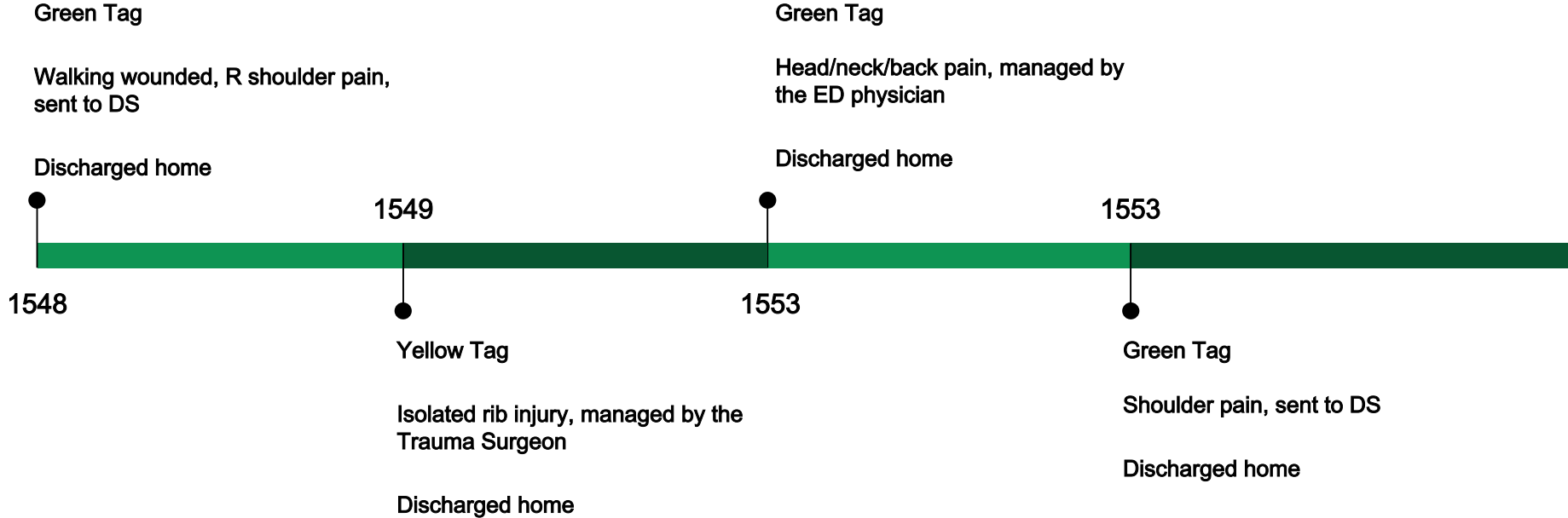
Patient Arrivals



Patient Arrivals



Patient Arrivals



Other Notables

- EVS/Supply
 - Additional supplies and linen brought to the ED prior to patients arriving
- Chaplains
- Day care
- Dietary
 - Additional food boxes prepared for EMS, hospital staff, patients, and families



After Action Review

- Conducted on 2/22
- Critiques:
 - Staff unfamiliar with the disaster plan
 - Conflicting information
 - Phone notification system
 - X-Matters available, but not set up
 - EMR difficulties
 - Radiology report difficulties



Disaster terminated too early

Advice

- Know your disaster plan
- Engage with staff
- Participate in local emergency planning
 - LEPC
- Work with EMS
- Practice, practice, practice



Questions?

References

1. Franc, J., Kirkland, S., Wisnesky, U., Campbell, S., & Rowe, B. (2022). METASTART: A Systematic Review and Meta -Analysis of the Diagnostic Accuracy of the Simple Triage and Rapid Treatment (START) Algorithm for Disaster Triage. *Prehospital and Disaster Medicine*, 37(1), 106 - 116. doi:10.1017/S1049023X2100131X
2. Khorram -Manesh, A., & Burkle, F. M. (2020). Disasters and Public Health Emergencies — Current Perspectives in Preparedness and Response. *Sustainability*, 12(20), 8561. <https://doi.org/10.3390/su12208561>

