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Abstract: The article relates the experience of Doctor Jeff Davidson, an emergency room physician, during the mass shooting in Las Vegas, Nevas on October 1, 2017 which killed 58 and injured hundreds of people. Topics include the number of mass shooting victims treated by Davidson and his team at Valley Hospital Medical Center, how the physicians responded quickly and effectively, and the need for hospitals to be prepared for mass emergencies.

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Mass shooting in Las Vegas signals new reality for hospitals

Dr. Jeff Davidson, a longtime emergency room physician in Las Vegas, received two disturbing phone calls late on the night of Oct. 1.

The first was from an emergency medical responder who told him there was shooting nearby at a concert. Then, a few minutes later came a call from the emergency coordinator at Valley Hospital Medical Center asking him to come quickly; extra hands were needed.

"You think you are prepared . . . but you are never prepared until something happens," he said.

Davidson and his team treated 29 victims from the mass shooting in Las Vegas last week that injured 489 and left 58 people dead. Overall, Valley Health System, which operates six hospitals across Las Vegas, treated 232 injured individuals. Eight patients died.

The victims came "in such high numbers, so quickly," Davidson recalled. And they had wounds Davidson doesn't normally treat. They were bleeding out from high velocity gunshot wounds typically only seen in war zones. Such injuries require immediate surgery to save the patient's life.

Fortunately, Davidson was supported by a group of surgeons who were rallied as part of Valley Hospital's emergency preparedness plan.

"We had neurosurgeons available, general surgeons, orthopedic surgeons—almost every specialist on hand to assist with injuries and to stabilize patients in the emergency department," he said.

On a typical night, Valley Hospital will see one patient with a single gunshot wound. The doctors will often stabilize the patient and then transfer them to one of two trauma centers—University Medical Center or Sunrise Hospital and Medical Center. "This was obviously quite different," he said.

Many victims were dropped off at the doors of Valley Hospital by civilians trying to help. UMC and Sunrise Hospital were also busy, so not all the victims were able to be transported there.

Even though it's not a designated trauma center, Valley Hospital was able to treat patients quickly and effectively, Davidson said. Patients were triaged quickly. ER beds were opened up to make room for the influx of patients, some of whom were directed to designated areas to impose some sense of organization amid the chaos. "Any emergency department can staff up with surgeons and act as a trauma center," he said.

The actions Valley Hospital providers took that night to treat their patients represent a relatively new reality for hospitals across the U.S. As the incidence of mass shootings persists—and the attacks worsen in number of casualties—hospital leaders understand their communities are not immune from a similar tragedy and must be prepared.

"Maybe 20 years ago, you thought, no it won't happen here. But now (hospitals know) it could happen here, and it just might happen here," said Dr. Gina Piazza, chief of emergency medicine at the Charlie Norwood VA Medical Center in Augusta, Ga.

Trauma centers and ERs prepare with frequent drills throughout the year meant to mimic real-life scenarios. For instance, Orlando Health had completed a drill that simulated a mass shooting at a local school just before the Pulse nightclub shooting that sent 44 patients to its ER in June 2016.

"One of the guiding principles of emergency preparedness is that what you do in response to an event most resembles what you do every day," said Dr. Richard Zane, UCHealth executive director of emergency services. UCHealth's flagship, University of Colorado Hospital, treated 23 victims of the 2012 shooting at an Aurora movie theater.

Efforts are also ongoing across the nation to amp up training of ER physicians to effectively treat patients with injuries usually only seen in military settings, Piazza said.

The American College of Emergency Physicians in January 2016 launched a task force to improve training. The effort includes enlisting military-trained trauma surgeons to host sessions with ER and trauma doctors on the best techniques to treat mass shooting victims.

Doctors who have been on the front lines of such tragedies have made it a point to visit other trauma centers to offer advice. "They take what they learned and speak to their colleagues—share what went well and didn't,"

said Piazza, who co-chairs the ACEP task force.

UMC CEO Mason VanHouweling, whose hospital treated 104 victims of the Las Vegas shooting at its Level 1 trauma center, said in addition to frequent drills, the hospital "takes every opportunity to learn lessons from other organizations."

A few months ago, UMC hosted an emergency physician from Orlando Health who lectured on practices learned from treating victims of the Pulse nightclub shooting. "We took a lot of notes, and we followed up on those," VanHouweling said.

The emotional toll such traumatic events have on hospital staff also can't be overlooked, Zane said. "This is not normal medicine, this is mass casualty care. Providers need to be supported in how they all deal with the aftermath."

Davidson at Valley Hospital said they plan on having debriefings for staff in a week or so to talk about their experiences. Right now, their time and attention is still focused on their many patients who still need their help.

"There is going to be a lot of memories of what we saw," Davidson said. "You just hope it makes you a better physician and you hope it never happens again."

THE TAKEAWAY Hospitals have started preparing for mass emergencies by conducting frequent drills throughout the year meant to mimic real-life scenarios.

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By Maria Castellucci

Source: Modern Healthcare
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