



HSS CASE STUDY

SECONDS TO RESPOND: UNIQUE ACTIVE SHOOTER TRAINING PROGRAM ARMS HOSPITAL STAFF WITH LIFESAVING KNOWLEDGE

Gunshots fired. Hospital staff have seconds to react and need effective training to truly be as ready as they can be for one of the most chilling possibilities they face: an active shooter. Conducting active shooter exercises in live patient care units and throughout various hospital departments is usually not done — but when it was, it provided a meaningful and potentially lifesaving experience.

hss

Safe in the knowledge

INTRODUCTION

This case study examines how Presbyterian/St. Luke's Medical Center (P/SL), Denver, Colo., partnered with a team of Emergency Management (EM) and healthcare security experts from HSS to successfully design and conduct a series of healthcare-specific active shooter exercises using an atypical approach tailored to the hospital. As an added benefit, the team completed the drills with zero loss of staff productivity. The lessons learned from this collaboration serve as best practices that hospital and EM professionals can use when planning active shooter education in a healthcare-specific setting.

Before diving into more detail on this unique active shooter training model, consider the following critical facts about active shooter incidents.

ACTIVE SHOOTER: A SERIOUS THREAT TO HEALTHCARE

In a study of active shooter events, the FBI concluded, "Even when law enforcement was present or able to respond within minutes, civilians often had to make life and death decisions, and, therefore, should be engaged in training and discussions on decisions they may face."¹ Because healthcare workers serve the public amid stressful and often emotionally charged circumstances, they are particularly vulnerable to workplace violence.

Active shooter events typically end in a matter of minutes, but their effects can last a lifetime.² Beyond the worst-case outcomes of death and physical injury, shooting survivors can experience psychological trauma such as PTSD. If a shooting occurs in the workplace, employers can face substantial staff turnover as workers leave their jobs or exit their fields altogether, compounding the impact of the actual event.

Researchers at Johns Hopkins examined where in the hospital shootings occur, as well as perpetrator demographics and motivations.³ One-third of the documented hospital shootings happened in the emergency department (ED). Nearly 75% of perpetrators targeted a specific individual, fueled by a grudge, suicidal thoughts, concerns about an ill relative, or an escape attempt. About a fifth of victims were hospital employees, including physicians and nurses. The study noted that "impenetrable hospital security in an open society represents a particular challenge, and zero risk is not achievable."

¹ Federal Bureau of Investigation, "A Study of Active Shooter Incidents in the United States Between 2000 and 2013," <https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooterincidents/a-study-of-active-shooter-incidents-in-the-u.s.-2000-2013>.

² *Ibid.*, p. 21. "In 64 incidents where the duration of the incident could be ascertained, 44 (69.0%) of 64 incidents ended in 5 minutes or less, with 23 ending in 2 minutes or less."

³ Kelen, Gabor D., MD, Christina L. Catlett, MD, Joshua G. Kubit, MD, and Yu-Hsiang Hsieh, PhD, "Hospital-Based Shootings in the United States: 2000 to 2011," *Annals of Emergency Medicine*, Vol. 60, Issue 6, pp. 790-8, <http://www.annemergmed.com/article/S0196-0644%2812%2901408-4/pdf>.

⁴ U.S. Department of Homeland Security, "Active Shooter: How to Respond," Oct. 2008, http://alerts.si.edu/docs/DHS_ActiveShooterBook.pdf.

⁵ Data compiled annually by HSS Inc. from various media sources.



ACTIVE SHOOTER FACTS

The U.S. Department of Homeland Security defines an active shooter as "an individual actively engaged in killing or attempting to kill people in a confined and populated area."⁴ Active shooter incidents can happen anywhere. They impact both urban and rural hospitals of all sizes in all regions of the country, especially mid-sized facilities. The past two years have seen an average of at least one hospital shooting per week. In 2015, at least 53 incidents occurred at healthcare institutions in 29 states, with at least 31 fatalities.⁵



HOSPITALS TAKE AIM AT THE PROBLEM

Hospital administrators are looking to mitigate the risk confronting healthcare workers, as well as the liability their organizations face. Because active shooter prevention and response training can potentially save lives, minimize the effects of PTSD, and reduce insurance premiums (see “The ROI of Active Shooter Training: Saving on Insurance Costs”), many hospital administrators are electing to use grant money to bring in healthcare EM professionals to conduct active shooter trainings and exercises. Outsourcing active shooter education can allow healthcare organizations to benefit from subject-matter experts, deliver consistently high-caliber training programs, and save the time and money they would have otherwise dedicated to handling training duties internally.

However, active shooter training can backfire when implemented improperly, such as when exercises become too aggressive or staff members mistake a drill for an actual shooting, igniting the potential for legal action against the employer.⁶ Instructors must deliver such critical information thoroughly and sensitively. To avoid misguided training efforts—or a cookie-cutter approach that lacks relevance to healthcare workers—healthcare organizations should enlist an experienced professional specializing in healthcare-specific training and exercise programs.

For example, HSS, the nation’s top provider of healthcare security and Emergency Management services, developed EM Solutions™ as

an integral part of its approach to securing healthcare facilities. EM Solutions has trained more than 6,000 participants in healthcare active shooter prevention and response during the last several years, and demand has continued to rise in the wake of highly publicized mass shootings. Unlike generic programs delivered through local law enforcement, EM Solutions’ Comprehensive Hospital Active Shooter Program is designed by healthcare professionals, for healthcare professionals, including clinicians, support/ancillary staff, and leadership. In addition to active shooter prevention and response, the program develops a full understanding by covering topics such as healthcare shooting statistics; active shooter characterization, motives, tactics, and warning signs; hospital active shooter policy; and next steps. It’s also fully compliant with numerous accrediting body guidelines, including OSHA’s workplace violence recommendations, and takes into account the specific facility undergoing training, as no two facilities are exactly alike.

The purpose of active shooter training is to increase workforce awareness and prescribe actions to take in the event of an active shooter incident. Trained staff not only respond better, but also recover better. While no healthcare institution wishes to spend time preparing for active shooter events in an environment dedicated to improving patient health, delivering meaningful training to staff could make the difference between life and death.

⁶ The Wall Street Journal, “Active Shooter’ Drills Spark Raft of Legal Complaints,” Sept. 4, 2014, http://www.wsj.com/articles/active-shooter-drills-spark-raft-of-legal-complaints-1409760255?mod=rss_front_total_headlines.

THE ROI OF ACTIVE SHOOTER TRAINING: SAVING ON INSURANCE COSTS

HSS asked insurance broker Woodruff-Sawyer & Co., Denver, Colo., about the ROI healthcare organizations can realize when they implement and practice active shooter procedures. Here are some representative responses from insurance professionals:

"The key ROI, obviously, is saving lives and nothing is more important than that. But I can also confidently state that clients that invest in designing appropriate processes and procedures are viewed as a much better risk in our eyes. The ones that take it one step further and practice live scenarios are even more favorable!"

Yvonne Burgess,
Philadelphia Insurance Companies

"From a broker's perspective, having a tested plan in place accomplishes three main goals:

1. Proper procedures may mitigate the impact of the event.
2. The underwriting submission we would convey to the marketplace for a client that has implemented a prepared and practiced procedure certainly makes the account more appealing to carriers.
3. Proper planning makes a client more defensible if a claim were to occur."

Gordon Zellers,
Woodruff-Sawyer & Co.

"An active shooter plan is one of the key qualitative variables in our underwriting criteria. I have seen clients receive premium concessions approaching double-digit percentages when we have viewed these to be more than just a plan sitting on a shelf. The key... is making sure they are practiced within the organization!"

Lance Ewing,
AIG

PRESBYTERIAN/ST. LUKE'S MEDICAL CENTER RUNS DEPARTMENT-SPECIFIC DRILLS WITH ZERO PRODUCTIVITY LOSS

Facility Safety Officer and Emergency Management Coordinator Morgan Thomas cares deeply about her coworkers at Denver's historic Presbyterian/St. Luke's Medical Center and Rocky Mountain Hospital for Children. With a tragic record of mass shootings in Colorado, the fear here of such an event is not theoretical, Thomas explains; it is palpable. She wants hospital staff to respond safely and instinctively should an active shooter strike.

When Thomas conducted the annual Hazard Vulnerability Analysis (HVA) for her facility in 2015, active shooter ranked as the hospital's second-highest risk. To meet EM requirements and arm her colleagues with the knowledge to stay safe, she enlisted HSS's EM Solutions to help design and conduct a series of exercises simulating response to an active shooter event, which the facility calls "code silver."

For Thomas, HSS was a known quantity because the company provides security services at P/SL and her predecessor had used HSS's EM Solutions team for past trainings. She describes her partnership with the company as "excellent. I adore our security director, and my relationship with [HSS Assistant Director Healthcare Emergency Management] Chris Sonne is why I'll continue to use HSS EM Solutions. [In trainings,] he balances the appropriate level of seriousness with an engaging and often really funny delivery. He allows me to get the emergency drill I want with the necessary impact."

Staging a drill at this large, high-traffic, urban hospital presented several limitations. With all hospital units either full or under construction, Thomas and Sonne did not have the option to conduct the drill in an unoccupied unit. Additionally, frontline staff had little time to dedicate to trainings.

Thomas and Sonne designed a drill format that would turn these challenges into assets. With support from hospital administrators, "We decided on a model where we would go unit to unit and conduct a drill in the staff's home environment," Thomas explains. "This is not the ideal way to conduct a drill," Sonne concedes. "Our local law enforcement partners had seen nothing like it. We took a risk on this one, but I said, 'Let's take the risk out of it.' Morgan and I have a close working relationship and she is good at communicating to her colleagues at the hospital. Lots of communication over many months of planning meant there were no surprises."

In November 2015, the team conducted a series of drills over a span of two days in every high-risk unit of the hospital, including the ED, labor and delivery, and neonatal intensive care unit. Frontline staff and all hospital administration and senior leadership took part—129 participants total.



EM Solutions' Castellano (far left) and Sonne (center) conduct an exercise debriefing at P/SL.



Sonne (far left) and P/SL's Thomas (next to Sonne) hold a safety briefing for P/SL senior leadership before an active shooter exercise begins within the hospital's administrative offices.



INCREASE YOUR CHANCES— GET OUT ALIVE!

.....

- ▶ **Look for the warning signs.**
- ▶ **Understand motivators and tactics.**
- ▶ **Know your response options:
Run, Hide, Fight.**

Source:
*EM Solutions' Comprehensive Hospital
Active Shooter Program*

Ahead of each exercise offering, Sonne held a series of safety briefings with all staff that would be involved with the event. Thomas then joined frontline staff in the live patient care units to explain to patients and their family members that a workplace violence exercise would soon happen. Four exercise controllers secured access to each unit so no one could enter during the exercise, and officers from the Denver Police Department stood ready to monitor all proceedings and respond in case anyone called to report an active shooter. Once patients knew what to expect, all parties were asked to go about their day.

“Then Billy shows up. No one knows who he is. He looks like everyone else,” recalls Thomas. “Billy” is not just an actor with a fake gun. He is HSS’s Healthcare Active Shooter Program Senior Tactical Instructor William Castellano, a former Chicagoland police officer and seasoned instructor in healthcare active shooter, law enforcement, and tactical SWAT.

A different believable scenario unfolded in each unit as Castellano posed as the armed aggressor turned active shooter. In the intensive care unit, Castellano blamed caregivers for killing his loved one. In the

ED, he demanded drugs. In yet another unit, he claimed to be a victim of theft. “Things started out calm, but after 30 seconds the situation escalated and Billy went crazy,” details Thomas. Castellano wielded a special prop weapon that uses compressed air to make a popping sound.

Castellano adjusted his actions according to staff response. Thomas describes, “He has an incredible ability to be both menacing and educational. He was able to ratchet up and down his behavior to perfectly match the environment he was in.” Staff had time to run, but when one group didn’t, Castellano broke character and began to coach. “One woman froze and he gently explained what she could have done differently next time,” says Thomas. “He then asked, ‘Are you ready?’ and gave her a chance to get it right. No unit left without a win.” Thomas adds that Castellano never said, “Bang! You’re dead.” She believes “it’s not about scaring you but training you.” The drill concluded with distribution of educational material and an after-action review, which covered such topics as active shooter statistics, the reasoning behind the drill, guidance on developing situational awareness, and when to utilize the respective active shooter response techniques.

In the hospital's first HVA following the trainings, active shooter had dropped out of its top five risks.

THE RESULTS

These active shooter trainings not only improved staff confidence and sense of security; they also significantly reduced P/SL's risk vulnerability score for active shooter events. In the hospital's first HVA following the trainings, active shooter had dropped out of its top five risks, meaning the organization no longer requires a corrective action plan to address this threat.

Staging these active shooter drills within live patient units at busy P/SL yielded some unexpected benefits. Sonne explains that EM Solutions trainings are designed to minimize loss of staff productivity; they maximize exposure to frontline staff so that large numbers can participate in a relatively short amount of time. Because P/SL's drills occurred within employees' home units as they worked, reports Thomas, "We completed 14 code silver drills in a matter of two days with zero loss in productivity."

Another benefit of staging the drills where staff works, observes Thomas, is that it developed a level of situational awareness not present when performing a drill away from an employee's normal environment. Says Thomas, "Doing a realistic drill where people live and work made a huge difference for us. It's not easy to do and requires lots of communication and pre-work to be successful, but it's better to know where a fire extinguisher is located so you can use it as a weapon when running down the hall at a full sprint."

It's crucial to "get the 'run, hide, fight' message past the logical part of your brain and stick it deep into your subconscious so in a crisis the response is automatic," believes Thomas. One staff member was incredibly scared prior to the drill. Thomas describes, "She didn't realize her reflex was to talk the guy down even though she realized she needed to run. Now she says she knows she can bypass her feelings and run." The employee told Thomas that while at a restaurant following the drill, she found herself planning how she would escape in an emergency. "That's the situational awareness I want them to have everywhere," says Thomas. "As scary as she thought the drill was going to be, it's better to let a drill create that fear for you so if you ever need the skills, you've got them!"

Thomas shares an "incredible interaction" with another staff member as a result of the active shooter drill. P/SL staff were conducting an exercise simulating a mass influx of patients in the ED following a theoretical mass shooting. "The emotional side is terrifying no matter how much you drill. I'm trying to build confidence around readiness," she explains. Thomas asked a staffer whether she feared she wouldn't know what to do if someone pulled out a gun, or how to respond if the hospital saw an influx of 40 patients. Thomas laughs, "[The staffer] looked at me like I was crazy and said, 'We know what to do in a code silver.' I want that reaction. My drill was so effective that they can worry about something else."

She concludes, "The feedback from my team has been nothing but positive. During this time with such an uptick in violence, our active shooter training was incredibly successful."

Although the HVA no longer requires it, Thomas plans to maintain this core capability by conducting annual code silver exercises using this model and screening an active shooter educational video. She will go out of her way to collaborate with the same team. "Had I done the drill myself, I wouldn't have had that kind of a connection to Billy," the active shooter subject-matter expert whom she describes in one word: "unfreakinbelievable. He was, without a doubt, the key to our success." She also values the opportunity to bounce ideas off of Sonne, adding, "I am a department of one. I have excellent support at the hospital but want to talk to someone about what does and doesn't work." Sonne also assists with documentation and planning. Says Thomas, "I'm happy to spend my annual grant funding to bring in Chris. I respect his professionalism, knowledge about emergency preparedness, and ability to gain buy-in from staff from all walks of life. The combination of Billy and Chris for active shooter training is truly perfect and I'm grateful for the chance to utilize them as a resource."



CONCLUSION

For healthcare institutions in the United States, the threat of an active shooter is real. Many healthcare administrators are responding with enhanced staff education. At P/SL, Morgan Thomas and Chris Sonne overcame space and time limitations for staging a needed active shooter drill. “We would either not do a drill or get creative, and we got creative,” explains Thomas. Sonne brought his innovation to bear while helping Thomas design and execute a unique training model for P/SL. Given the challenges of staging active shooter exercises within live patient units, the drills’ success surprised Thomas and Sonne. Five Cs comprised their winning strategy:

- ▶ **Communicating** thoroughly with everyone involved before, during, and after the drill. It’s not enough to announce over a PA system that an active shooter training is about to begin; visiting each unit to explain to staff, patients, and family about what to expect is imperative.
- ▶ **Collaborating** with a skilled healthcare active shooter expert to present realistic scenarios sensitively so staff are educated, rather than simply frightened, during the exercise.
- ▶ **Conducting** drills in employees’ home units. This strategy resulted in zero loss of productivity because staff weren’t pulled away from their jobs for training. It also helped create a situational awareness that supports their automatic response.
- ▶ **Controlling** the environment during the exercise by controlling access and monitoring each unit.
- ▶ **Continuing** active shooter exercises annually for hospitals whose HVA identifies active shooter as a top EM concern.

Thomas and Sonne found that by developing the right training model, the restrictions they faced in staging active shooter drills at P/SL ultimately helped create a more realistic training environment so hospital staff instinctively know how to stay alive with just seconds to respond.

“Doing a realistic drill where people live and work made a huge difference for us. It’s not easy to do and requires lots of communication and pre-work to be successful, but it’s better to know where a fire extinguisher is located so you can use it as a weapon when running down the hall at a full sprint.”

Morgan Thomas,
Presbyterian/St. Luke’s Medical Center and
Rocky Mountain Hospital for Children



ABOUT PRESBYTERIAN/ ST. LUKE'S MEDICAL CENTER

For more than 135 years, Presbyterian/St. Luke's has been providing compassionate, innovative care to patients from across the Rocky Mountain and Great Plains regions, and from around the world. Based in Denver, Colo., P/SL is an affiliate of HealthONE, the city's largest healthcare system. With more than 80 specialties and 1,000 specialists and primary care physicians, P/SL is the only tertiary/quaternary care hospital in a seven-state region that offers one campus with leading comprehensive care. P/SL is licensed for 680 beds, making it the largest hospital in Colorado. The Rocky Mountain Hospital for Children at P/SL's 84-bed neonatal intensive care unit is the largest in the region. In 2015, The Joint Commission named P/SL a Top Performer on Key Quality Measures for attaining and sustaining excellence in accountability measure performance.

ABOUT EM SOLUTIONS

EM Solutions comes from HSS, the nation's leader in healthcare security. Healthcare Emergency Management and safety professionals across the country consider EM Solutions their go-to resource for emergency preparedness and regulatory compliance. With years of on-staff hospital experience, the EM Solutions team as led by Director of Emergency Management Christopher Sonne knows how hospitals and their community partners operate. What that means to customers is realistic, scenario-driven exercises and trainings delivered in a meaningful, memorable way. EM Solutions offers both discussion- and operations-based exercises ranging from tabletops to full-scale events with community partner integration and specializes in developing customized exercises. The team keeps its finger on the pulse of the industry in order to maintain the most up-to-the-minute EM Solutions curricula.



EMERGENCY MANAGEMENT AND PREPAREDNESS

Tel: 1-877-HSS-2870

Email: EMSolutions@hss-us.com

Denver-based HSS is the nation's premier provider of healthcare security and Emergency Management services. Read more at www.hss-us.com.

© HSS Inc. 2017