Experiencing the Unimaginable:  
A Compliance Case Study of the Mass Shooting in Las Vegas  

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*This program is a general discussion of compliance and privacy observations in the context of a specific mass casualty incident and should not be relied upon as legal, regulatory, or other professional advice. The slides and discussion represent personal views and not those of University Medical Center of Southern Nevada or Clark County.

UMC Key Facts  
- Year Founded: 1931  
- Academic Affiliation: UNLV School of Medicine  
- Employees: Approximately 4,000  
- Number of Beds: 541  
- The ONLY Level I Trauma Center and ONLY Designated Pediatric Trauma Center in Nevada  
- The ONLY Burn Care Center in Nevada
1 October - Quick Facts

• Approximately 22,000 attendees
  • 1000 + rounds fired in 15 minutes
  • 800 + injured
  • 58 killed (31 died before reaching a hospital)

• Airport Property Breach

• Scene Expansion

• Ambulance Response and “Echo Calls”

• Smartphone Mapping and Private Transportation

One October Statistics

104 Total Patients

More than 20 surgeries within the first 24 hours

12 Critical Patients

21 Patients transferred from area hospitals to UMC.

44 Treated and Released within the first 24 hours

60 Patients Admitted

70 Blood Units

33 packed red blood cells, 29 units of fresh frozen plasma, 3 units of single donor platelets, 5 units of cryoprecipitate

3 No one who arrived alive died
Compliance Topics

• EMTALA
• Internal and External Support
• Medical Cost Waivers

Patients Arrive

EMTALA (Once Arrives Must Apply)

• Waivers
  • Not Issued for 1 October
  • No Retroactive Waiver

• MSE
  • Required
  • Appropriate to Event
  • Stabilize and Transfer

• Surge and Strategies
  • Triage
  • Screening sites
  • Inpatient
  • Outpatient
Internal and External Support

• Who
• What

• Policies
  • Conflict of Interest
  • Gifts

• State Laws

Waiving Victims’ Medical Costs – The Pressure is On!

• Media Inquiries
  • What You Say Matters

• What Other Entities Do

• Don’t Rush!
Waiving Victims’ Medical Costs

• Patient Population
  • Statutory
  • Contractual

• Internal Policies

• Sources of Support

Privacy Topics

• Campus Safeguards
• Family & Friends
• Interagency Coordination
• Media Response
• Other Considerations
Campus Safeguards

• UMC Disaster Plan
• Prep staff and resources
• Secure the campus (physical safeguards)
  • Entry points
  • Who’s arriving?

Campus Safeguards

Trauma Resus
11 Beds + 4 PACU Beds

Adult ED
59 Beds

PACU & ASU
46 Beds
Family & Friends

- Hospital Command Center
- Security Rule
  - Availability of communications tech? (security rule risk analysis)
- Hospital Directory
  - Incoming call volume?
  - Response/directory status?
  - Visitor restrictions?

Interagency Coordination

- We need a list!
- Increasing levels of frustration from outside entities

Release of Patient information should be standardized throughout the community. This observation was recognized by multiple organizations at the local and state levels. Hospitals released a varied amount of information regarding the types or injuries being treated, patient names and the number of people being treated. Facilities interpreted HIPAA regulations differently, some personnel weren’t aware of the statutory mandate to report gunshot wound information to law enforcement and participation at the MSAC was limited. Standardization and agreements to share information bi-directionally would minimize response frustrations and may facilitate faster family reunification processes.

~Nevada Hospital Association
Media Response

Throughout the incident, UMC worked alongside media outlets to keep the public informed.

Dozens of local, national and international outlets lined up outside of UMC, with many staying for more than a week.

UMC successfully protected patient privacy while allowing reporters to share thought-provoking stories about the hospital and the survivors.

Physicians frequently participated in live interviews at 4 a.m. Most national outlets target the East Coast time zone.

Media Response

• Yes, they will try to gain entry
• No, they do not like being escorted out
• Media Safeguards?
• Proactive HIPAA Training

Las Vegas shooting victim’s surgeon was former neighbor
Other Considerations

• Monitoring
  • Access analytics

• Risk Areas

• Connecting victims and victim funds

• Ongoing Coordination & Planning
  • Lessons Learned
  • Nevada Hospital Association Summit
  • Emergency Management Agencies