2009 Special Olympics World Winter Games

Medical Operations

After Action Report

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Function Overview

The Medical Operations section of the 2009 Special Olympics World Winter Games had a fairly broad scope of responsibility which included emergency response to non-venue activities, support for venue medical centers and venue medical response.

The mission of Medical Services is to provide professional health care services to all associated with the 2009 Games.

- Medical services will always be provided in the best interest of the individual. We will strive to return the athlete to the sporting event in an efficient and timely manner, and the non-participant will be provided a seamless transition into the community health care system.

The goals for Medical Operations included (Medical Services Operations Guide Issue 1.03, January 27, 2009):

- provide emergency medical care at Special Olympic events
- provide for medical needs for athletes and delegations
- as soon as medically feasible following consultation and treatment, return the athlete to their delegation
- track and monitor all patient encounters throughout the medical services system
- provide a comprehensive after action report of Medical Services,

The 2009 Special Olympics World Winter Games gave the medical community in Idaho the opportunity to come together to produce a product that would provide the highest level of professional medical care to the Special Olympics organization. A vast amount of time was invested in planning for the games. That coupled with the amazing cooperation of multiple agencies, hospitals, communities and professional organizations provided the Games Organizing Committee with a legacy that will certainly aid committees in planning for future games.

Schedules, Timelines and Events

Pre-Games

It is no secret that the 2009 World Winter Games in Idaho started on a very compressed schedule. The short timeline that led up to the games was certainly filled with numerous planning activities. Special credit should be given to Deb Drake, Troy Hagen and Harry Eccard for the countless hours they invested in planning for the games. This endeavour could not have happened without their sound leadership and dedication.

A Medical Planning Team was established that included hospitals, EMS agencies, physicians, ski patrols, athletic trainers, and public health. The Medical Commissioner, Security Commissioner, Public Safety Commissioner, the Games Organizing Committee
(GOC), and Emergency Management were also instrumental in the integration of medical services into the overall public safety plan. This team collectively established the medical philosophies, goals, and procedures to care for all patients associated with the Special Olympics. This pre-planning effort led to the overall success of the Games.

The largest challenge facing a wide-area event such as the Special Olympics is the multiple jurisdictions involved in planning and operations. Developing Games-wide goals, strategy, and procedures is necessary for standardized reporting and care. However, flexibility is still essential to cater the plan to address specific venue needs and local jurisdictions. Each venue formed their own planning team with the Games Organizing Committee (GOC) representative, local jurisdictional authorities, and medical providers to develop venue-specific plans. All plans were vetted through the Medical Commissioner to ensure the Special Olympic International (SOI) and the GOC requirements were fulfilled.

The 2008 Invitational Games provided the ability to test the plan and make adjustments before the 2009 World Winter Games. The smaller scale Invitational Games was invaluable and this practice should be continued for all future World Games.

**During Games**

Overall the Venue Branch Directors felt that the games were, in large, a huge success. There were certainly obstacles that arose, but due to their professionalism and experience with special events the branch directors were able to overcome these obstacles. The following bullet points were comments made during the After Action Review on February 20, 2009.

- **Tight Timelines**

  A common theme at all venues was the tight timeline. Many venues had such a tight schedule of events that any interruption caused by events unrelated to public safety created a prolongation of the event. This caused many issues with volunteer participation. There were several instances where volunteers needed to leave at the end of their scheduled shift, even though the venue closing would not coincide with the original timeline.

  A suggestion was made to give more flexibility in the timeline to allow for unanticipated interruptions. By giving more flexibility (time) for the event it would increase the chance of closing according to schedule.

  This issue also highlighted the concern that all functional areas impact one another. For example, transportation issues (delays) can have a significant impact on public safety. Contingency planning must occur across all functional areas and not just within a functional area.

- **Volunteer Exhaustion**

  Volunteer exhaustion became an issue at the Sun Valley venues. Many of these volunteers thought that they would be given “down time” during the course of the day to eat and rest. It became apparent during the games, however, that they
would also be providing medical coverage during dinners. This did not allow for adequate down time for the medical volunteers to eat and rest.

There was a similar issue with food service at Expo Idaho. It caused the Venue Medical Branch Director to extend volunteers service until food service was completed.

It was suggested, again, that the timeline be relaxed a bit to allow for more athlete and volunteer down time. Volunteers must be cared for and allowed to eat and rest as a required service provided by the GOC.

- **Opening/Closing Ceremonies**
  
  The Idaho Center experienced difficulties with delegation loading and unloading which caused a compression of time at the venue. Due to long days for the athletes and the temperature inside the venue (with everyone wearing winter gear) this venue experienced a number of dehydration cases.

  It was suggested that cases of water be made available while the athletes stood in line to get into the venue and during the ceremonies.

- **Delegation Arrival at the Airport**

  It was suggested that the Delegation Welcome Center be at the airport and staffed with a physician to address any medical issues that may have developed during their travel to the event. This included illnesses, injuries, and lost medications.

- **Area Command Schedule**

  There were many things that worked well in Area Command from a scheduling standpoint. Area Command was staffed 24/7.

  - Day shift starting at 0600 worked very well. It gave the day shift enough time to review things from the previous day and to preview the day’s events. This also allowed for the 0730 Daily Operations Briefing to happen without significant incident. This 0730 briefing was initially scheduled for 0715, but moved back 15 minutes to allow for the venue Branch Directors to organize their staff before meeting with Area Command.

  - Crew change from day to evening shift occurred at 1400 each day and it was felt that this worked well. The mid afternoon crew change did not interfere with other activities occurring at the venues since competition was still in progress.

  - All agreed that officially standing up Area Command one week prior to the games start really paid off. It gave everyone a chance to get organized in their section, meet others they would be working with, and handle issues with delegation arrivals. The activity on the night shift varied considerably with slow nights and very busy nights. The activity level would have been difficult if Area Command would have been on call without the appropriate resources easily accessible. Recommendation to continue staffing Area Command in some capacity 24 hours each day.
Structure and Scope of Operations

This segment will be described by venue.

- Medical Command Center

  - Venue Medical Branch Director
  - Emergency Response Group Supervisor
  - Venue Medical Center Group Supervisor
  - Medical Transport
    - Physician
    - Nurses
    - Medical Unit Clerks
    - Physical/Massage Therapist
    - Ambulances
    - Non-ambulance transport services

- Sun Valley Resort/Dollar mountain
  - The Idaho National Guard encountered a huge issue in moving two large medical tents that had already been set up. There was no planning or staffing for this issue. The tents had to be moved due to a fire mitigation issue. This was a major project, but the National Guard accomplished the task.
  - Meals were a big issue for volunteer staff in the Sun Valley area. The venue had staff arriving at 1600 and covering food service until 2000 with no food for themselves and no breaks. Vicki Cutshall from St. Luke’s said, “Meals were a big deal” (for them). Feeding volunteers is a small price to pay for their time. Apparently the volunteer medical staff also spent time bussing tables in addition to their medical duties.

- Bogus Basin
  - They stated that the operation ran smoothly overall, but had a few issues.
  - Volunteers not showing up on time or at all.
  - A suggestion was made to have the Medical Proof form filled out as part of the application process. It was difficult to track down patients after the
fact to obtain the form. Bogus Basin is isolated in the mountains above Boise with a 16 mile winding road as its only access.

- Pre-Function staffing proved to be a problem for the ski area. Many delegations came to Bogus Basin in the days preceding the games to ski and practice. There was a sharp increase in the number of transports out of the ski area during those days as the only medical support on the mountain is the ski patrol. They suggested that the venue medical center could have handled many of these issues, as opposed to sending every patient down the hill to the hospital. Recommendation to have medical services available during practice times.

- Qwest Arena/Center on the Grove (Special Olympic Town)
  - Parking in the downtown Boise area was a major concern for all. Volunteers had to pay out of pocket to park their cars in the parking garages. The parking officials wanted to charge the venue ambulance for parking along with any supply vehicles that would restock the venue medical center. An attempt was made to have the city provide a shuttle for the volunteers, but was not answered by the end of the games.
  - Volunteer no shows were another issue in this venue.

- Expo Idaho
  - Expo Idaho hosted floor hockey and had the largest volume of patient contacts and patient transports.
  - There was an issue with the mixture of staff at this venue, specifically EMS and Nursing staff. In comparison to the other venues, nursing staff were used extensively on the field of play. The venue Medical Branch Directors were both Paramedics. Apparently there was some hesitation from some of the nurses to take direction from a Paramedic. This was corrected with better communications between the Venue Medical Center Group Supervisor (Nurse) and Branch Director (Paramedic).
  - There seemed to be some issue, initially, with the Venue Medical Center Group Supervisor not being sure of their scope and responsibility. This coupled with communication issues with the Branch directors made for an uneasy start. This did improve, however, toward the latter part of the games with better communications and better understanding of the scope and responsibilities of the position.
  - There were some issues with volunteer staff leaving before their relief had come in. It left the venue short of staff at shift change times. This could be mitigated by using an overlapped schedule so that there is adequate coverage during the shift change process and gives the oncoming crews time to organize and communicate before diving into the day.
The Venue Medical Center (VMC) had a large number of staff. This caused a span of control issue. This could be mitigated through the use of subordinate supervisors (i.e. nursing and clerical staff supervisors).

One thing that worked really well was the use of a portable X-Ray provider. This allowed physicians in the VMC to have these films taken on site. They had the ability to treat in the VMC instead of transporting all potential or suspected fractures to the hospital.

- Idaho Center (Opening and Closing Ceremonies)
  - The Medical Branch reported that they had limited manpower during the opening ceremonies. As previously reported, there were a number of dehydration issues during the opening ceremonies. The staffing numbers were adjusted for closing ceremonies and no issues were reported.
  - There were some issues with radio communications at the venue during opening ceremonies. The event production staff asked that the venue staff not use 700 Mhz radios as they thought there might be interference with the wireless microphones. Testing was done prior to the event and it was discovered that there were some instances of interference, but there was no way to adjust an entire radio protocol that late in the game. It caused no major issues during the actual event.
  - Again the medical staff suggested that water be staged in the area for athlete consumption.

- Ponderosa (Snowshoeing)
  - Ponderosa/McCall reported no major operational issues.

- Public Health
  - Public Health should have been more involved in the planning phase. They were very active in the 2008 Invitational Games planning but did not incorporate their changes into the 2009 plan until late in the process. This created some last minute work-arounds to ensure they received the medical information they needed for syndromic surveillance.
  - An issue was raised by public health that patients didn’t know where to go if they were sick. They suggested providing a map of the area along with medical facilities.
  - Public Health had to locate cold storage for 6000 pounds of meat at the last minute for their food services role. This caused them some difficulty, but it was overcome.

- Area Command
  - The facility in the Public Safety Building in Boise provided a central location that had excellent capabilities. It normally functions as an Emergency Operations Center for Ada County.
- There was some issue with lunches arriving late in the day shift. This was corrected later with meals arriving around 1200.

- All agreed that even with some IT issues, the WebEOC program used was a great communication tool. It allowed Venue Branch directors to post information that was directly displayed on the wall in Area Command. It also allowed for mass dissemination of information, such as the daily Incident Action Plan.
Guidelines/Rules/Policies and Procedures

This segment will be described by venue.

- **Sun Valley**
  - Medical Tents being moved was not in the original plan. Cam Daggett from Ketchum Police stated that it was as if the entire plan had been thrown out of the window. Apparently, the location of the medical tent was changed at the last minute and not according to the approved plan. Trained staff set up the medical tents initially, but due to a fire code issue concerning propane tanks the tents had to be moved. The trained staff was from Mountain Home (2-3 hour drive away from Sun Valley) and could not be formed again to move the tents. The National Guard came in and moved the tents. This process involved taking them down, and erecting them again in a different spot. These tents are fully contained, field hospital-like tents. It proved to be a difficult task.

- **Bogus Basin**
  - According to the branch director the plans were thorough and worked well.
  - All Stars (VIP Program) would arrive unannounced and thought they could go wherever they wanted which proved to be an issue in the venue. The access code on their credential was restricted. GOC credentialing must determine the level of access to grant the All Stars in advance and accurately code the credential.
  - A suggestion was made to have a bar code placed on their credentials that could be scanned, making accountability an easier process.

- **Idaho Ice World**
  - There was some issue with the venue sports officials not understanding the medical process. This could be mitigated by training those staff to understand the medical needs of providers and patients (not trying to restart play until the patient is safely taken off of the field of play).

- **Expo Idaho**
  - It is suggested that for the floor hockey events in the future that portable X-Ray capabilities be in place from the start of the event. This allows for more field treatment and fewer hospital transports.
  - There was an issue with medical personnel not having access to some areas of the venue. The issue was that volunteer security staff members were not allowing the medical personnel into some areas, even though their credentials clearly gave them full access.

- **Qwest Arena/Center on the Grove**
  - No medical issues for this category
• Ponderosa
  o No medical issues for this category

• Idaho Center
  o The Medical Branch Director would receive phone calls day and night following his initial event for non-emergent and emergent issues. This mainly came from personnel in Canyon County were many athletes and delegations were housed. It was felt that Delegation Services was understaffed causing this issue. When phone calls were made to delegation services the voice mail was either full or the line was busy.

• Area Command
  o Early in the event the night phone message gave an option for “Emergency” which sent the phone calls directly to the Incident Commanders. Everyone that listened to the message simply hit the “Emergency” number if their issue didn’t fit any others thinking that they would be talking to a live person (this is true, but not appropriate). The phone message was corrected early on and the issue resolved.

  It was felt that it is very important that people be given a non-emergency live person contact option. Most after hours calls were Delegation Services calls. A better phone system must be developed to handle multiple Delegation Services calls on a 24/7 basis.

  o There needed to be better ability to produce paper copies in Area Command for mass production. The only option was a printer scanner. It was not very efficient, but did work. A copier that can collate and staple is preferable for items such as incident reports and incident action plans.

  o It was suggested the GOC phone numbers/contact information that supervisors were given have the function included. The information provided only had venues names and names of people. It did not indicate what their role was and provided no information who to call for what information.

Overall procedural recommendations for subsequent Games

• Paperwork process. The 2008 Invitational Games used the paper Patient Encounter Forms at the venues and sent the paper forms to the MCC for input into the electronic Medical Encounter System (MES) database. The 2009 Games intended to use the MES to review patient encounters and not collect the paper forms until the end of the Games. It became too problematic to track encounters and ensure all were entered without the paper forms. The venue patient logs were helpful, but the paper forms were necessary to verify all patients had been entered. Future medical committees must ensure a system is established to collect individual patient encounter forms (either paper or in electronic form) on a daily basis. In one venue, the patient encounter form was inputted electronically in a Microsoft
Word format and sent via e-mail to the MCC. This worked very well for that venue but other venues were too busy to accommodate the data entry on site and found the paper forms easier to complete.

- **Proof of Loss form.** The GOC medical insurance policy required a patient signature on a Proof of Loss form for all claims. This was problematic to achieve at the time of service and considerable time was spent trying to gather signatures after the encounter. It is recommended the Proof of Loss form be signed by all athletes at the time of registration with the other medical forms (C2 and C3 forms).

- **Have resources available before the first athlete/delegation arrival.** From both Area Command and medical perspectives, resources must be available to handle GOC, public safety, and medical issues starting at the arrival of the first delegate. While not required by SOI rules, issues still occurred and needed to be addressed. The GOC must have enough resources designated to Delegation Services to handle a large number of calls to address issues occurring during transport and arrival to the Games.

**Budget**

The economy had a major impact on the 2009 Games as donations and sponsorships did not meet expectations. The hospitals became major sponsors and supplied and staffed the venue medical centers. Local government and EMS agencies also stepped up to provide the necessary medical and security services to help protect the health and welfare of their communities. The medical volunteers including doctors, nurses, EMS personnel, Athletic Trainers, and the Medical Reserve Corp were paramount to keep the cost of services to a minimum.

Most care provided at venues was at no cost to the patient unless the care incurred additional services and costs such as portable X-ray or transport to the hospital via ambulance. Any admission to urgent care centers, hospitals, or pharmacy services were billed to the patient’s insurance provider or the GOC medical insurance provider.

**Key Interfaces**

Interfaces for Medical Services seemed to go very well. Relationships were established and maintained early in the planning process. The relationships were evident by the small number of personnel issues that occurred during the Games considering the large number of agencies and personnel involved.

The Unified Area Command was critical to address all interface issues. The representatives from law enforcement, medical, emergency management, the GOC, and all other pertinent players had direct access to one another to effectively handle all issues.
Levels of Medical Care

Hospital Services

Urgent Care Centers
Referral Services

Venue Medical Centers
Physicians, Pas, NPs, & Nurses

EMS and Ski Patrol
All areas outside medical centers