BRONX FIRE DISCUSSION: GROUP B

GROUP B/PART 1: NAMING CONVENTIONS AND PATIENT IDENTIFICATION

Naming conventions and medical record protocols

- Epic naming convention: Epic assigns arbitrary names, causing difficulty tracking unknown patients
- John and Jane Doe naming convention
- Once identified, patients were provided with medical record numbers. Also, a separate list was made of victims to differentiate/categorize patients.

Identifying living and deceased patients (non-Office of Chief Medical Examiner of the City of New York [OCME])

- Two intubated and transferred patients were unidentified—NYPD detectives were called in to identify them by fingerprints
- Trained ED managers identified patients with the assistance of social work team
- Hospitals have protocols to identify patients by examining clothing, talking to patients from similar incidents, checking cellphones, etc.

OCME Identification Process

- Tentative ID (made with a visual ID) is used to compare with some scientific methodology (e.g., DNA) to confirm if the identity is a match
- ID is tentative until confirmed by a scientific ID, then the names are reported to the NYPD
- Unified Victim Identification System (UVIS) (OCME)
    - Fingerprints for most of the adults—live scan and rapid fingerprinting; results back from the FBI and or State in seconds
    - Children have less scientific information and are typically not fingerprinted; may or may not have been to the dentist (no dental records)
- Identify people through DNA—rapid DNA process can identify the deceased victim in an hour and half
- All individuals in this incident were identified by Day Three via fingerprinting or DNA analysis
- Investigator staff went to the hospitals to get tentative IDs. It became unruly at a hospital with a significant number of fatalities. Approximately 200 family members showed up. The situation was unmanageable, and the operation had to be suspended.

Interface with UVIS, including interactions with NYPD and OCME

UVIS can be activated immediately following an incident by a Family Assistance Center Lead Team Call. Once reported into UVIS, the NYPD Missing Persons Unit is responsible for managing the information reported to 311 or 212-NEW-YORK. OCME works with the NYPD Missing Persons Unit.

How deceased patients were identified

- One hospital had two patients with no information; staff asked individuals in the waiting room for photos to potentially match to the patients
- Hospitals can also go into the community and find people to discuss what they saw (e.g., person loaded into ambulance)
- All patients were identified by Day Three
    - Mayor told people to call 311 or 212-NEW-YORK (outside of NYC) to report anyone they are seeking who may have been involved in the fire

Challenges

- The naming conventions are different in every hospital and EMS unit. It's not clear if there is a uniformed naming system for both hospitals and EMS across the board. For deceased cases, OCME wants to make sure generated names aren't confused with real names.
- What was in the polymerase chain reaction (PCR) on unidentified patients who arrived? What naming convention did EMS use? EMS put unidentified children under "unknown" and one hospital kept them under "unknown." Several patients were labeled as "unknown" but patients accounted for could not be linked to a specific EMS crew, specific chart, or treatment.
- In seeking information when calling, the Health Insurance Portability and Accountability Act of 1996 comes into play.
- OCME can utilize Regional Health Information Organizations (RHIOs) for information, but the multiple naming methodologies, even with Epic, causes confusion.
- Sit Stat surveys were sent on Sunday and Monday. Hospitals report gathering the information to input into Sit Stat was hardest part, noting they don't have time to do this and passed it to the coordinator to handle data entry.

Next Steps/Identification Process

- Interface between NYPD and OCME for missing persons determines if the person is living, hospitalized, deceased, or in the morgue. System is built and undergoing testing for the next several months. OCME will then conduct a training.
- OCME starts to build a victim manifest to create the list of victims
- Once confirmation has been made, identity is reported to NYPD
- A new system will be used that combines UVIS, OCME case management, and the National Investigative Case Management System. The New York State Department of Health will manage it.
    - There is a need to clean up the naming convention issue for this to work

Key Takeaways

- OCME has a systematic way to work with families at hospitals when there is an open-population mass casualty event with fatalities and injured victims
- Communication across hospitals is crucial while identifying victims so that everyone has the same information and avoids errors
- A method to manage unknowns across hospitals is needed so people aren't going from hospital to hospital

Recommendations

- Standardizing the naming convention for unidentified patients across all hospitals
- Hospitals should capture information like unit numbers and triage tag numbers rather than rely on booklet numbers that are hard to reconcile
- Need for more systematic approaches to handle families during patient ID efforts to avoid re-traumatization via unnecessary identification efforts

Some ideas for identification were included in an Unidentified Patient Protocol developed and distributed to hospitals by the State Office of Mental Health and the State Division of Criminal Justice Services.

- Anonymous patients – Healthix and Bronx RHIO treat anonymous patients differently. Bronx RHIO isolates them from their database so they are NOT searchable until the profile is completed (and sometimes they never are). Healthix allows users to search for "Unknown, Unknown" or other unidentified patient naming scheme following the incident.
- Known address – When the incident happens at a known address (like in this case), Healthix and Bronx RHIO can send a list of all patients in their system with that address in their profile AND with a recent encounter. Users can cross-reference with UVIS missing person reports.
- Diagnoses – Have the RHIOs search by patient diagnoses, which in this case was very specific (i.e., smoke inhalation), but may be something to consider in future activations (e.g., gunshot wound, burns).

GROUP B/PART 2: DATA, REPORTING & RECONCILIATION

Data Reconciliation (EMS, Hospitals, OCME)

- NYPD was inhouse and working with hospital staff to match the reports to identify persons.

External Reporting, Situational Awareness, and Data Use (Hospitals, FDNY, NYCEM, OCME)

- NYPD, EMS, OCME, and Command Center based in hospital ED—everyone gathered in one space.
- No media in the ED. The press was kept at bay.