



## Background

### PROBLEM

Major variations exist within the U.S. on the best and most efficient way for hospitals to prepare for and respond to the surge of patients following a hazardous materials mass casualty incident. Hospitals need trained and available decontamination teams to meet minimally effective emergency plans. Most hospitals cannot rely on local or state public safety agencies to provide decontamination support.

### LITERATURE

- Currently limited, based on expert opinion
- Supports a hospital based team to augment an Emergency Department as a safe practice
- Augmentation teams ensure patient safety together with timely and appropriate care
- Gap in recruiting and building augmentation teams

## Questions

1. How many personnel meet the qualifications for augmentation team membership?
2. How many qualified personnel are interested in further engagement and training?

## Methods

### DESIGN

- Multi-method descriptive cross-sectional study

### SETTING

- Academic medical center in central Virginia
- Population: 14,933 employees

### SAMPLE

- 966 full-time employees

REFERENCES ON HANDOUT

## Purpose

To evaluate the readiness of an academic medical center to establish an augmentation team in order to prepare for HAZMAT mass casualty events

### Evidence for Project



Figure 1. Augmentation team **characteristics (blue)** and **barriers (red)**

## Phases

The project was completed in three phases:

1. Evaluated the **readiness and availability** of staff with an electronic survey
2. Implemented and evaluated a **training program**
3. Described **barriers and facilitators** to team development with an electronic survey

### Declarations

IRB-SBS approval #2015-0307-00 was obtained from the University of Virginia. The views expressed in this poster are those of the author and do not necessarily reflect the official policy or position of the Army, the Department of Defense or the U.S. Government.

## Conclusions

### SUMMARY

#### Phase 1 - Potential Volunteer Pool

- 1.8% (n=267) of hospital employees, previously unidentified, reported disaster training experience
- Team volunteers, (n=580)
  - ✦ 73.6% Female, 23.4% Male
  - ✦ 35% Age 25 to 44
  - ✦ 81.7% Caucasian
  - ✦ 30.7% 1 to 5 years work experience
  - ✦ 52.1% Direct patient care
  - ✦ 46% Background in disaster training
- ✦ Sections: Acute care 9.8%, Administration 9.3% Ambulatory care 8.8%, Critical care 5.1%

#### Phase 2 - Training Selected Volunteers (n=580)

- 2.2% (n=13) of volunteers trained
- 5 Clinicians (RN and MD)
- 8 Administrative support sections

#### Phase 3 - Barriers and Facilitators (n=580)

- 23.3% (n=135) of volunteers contributed
- Greatest barrier to participation was scheduling/timing of training (62.6%)
- Top facilitators "excited to serve" & "sounded interesting"

### IMPLICATIONS

This project informs future strategies for interprofessional recruiting and sustaining augmentation teams. Teams such as these can improve the response capacity of the ED during disasters where RNs are often on the front line of care. Also, it demonstrates how nurses' involvement in broad-spectrum systems leadership can strengthen practice excellence and enhance healthcare delivery.

### RECOMMENDATIONS

- Engage administrative personnel as team members
- Focus recruitment on 1 to 5 year employees
- Provide tiered training approach
- Continuous team recruitment and development