Preparing for Disaster:
Developing a Hospital Emergency Augmentation Team

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Background

PROBLEM
Major variations exists 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 needs 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