

Appendix B.

Sample Feedback Report

Sample Feedback Report: Location A

Visit date: Month, Date, Year

The Office of the Civilian Volunteer Medical Reserve Corps partnered with NACCHO, Harvard School of Public Health and Georgetown University in the fall of 2008 to assess the effectiveness of MRC units and impact of their public health activities. Researchers from Harvard and Georgetown distributed questionnaires for MRC volunteers who participated in flu clinics and those who are not able to, as well as structured observation guides for the staff of the local health departments organizing the clinics and observers. Two of our researchers visited each site and observed the clinic to collect information needed to interpret the results of the surveys and assess their validity and reliability.

We arrived at 8:30 am at the flu clinic in Location A. Eleanor Leader¹, from the Location A County Health Department was the liaison between the location where the flu clinic was held and the health department who was the first one at the flu clinic staying up. Eleanor knew how to set up the room based on her prior experiences with health department vaccination clinics. Two other volunteers, Elizabeth and her husband Max, were the second group of people to arrive that morning. Elizabeth and Max brought Thanksgiving leftovers, doughnuts and coffee for the volunteers. Margaret Smith, the MRC Coordinator, arrived at 8:40/8:45 am and began to set up the various forms for MRC volunteers to complete and read.

MRC volunteers were placed at three locations throughout the clinic and participated in a couple of roles either a clerical or traffic control capacity. Specifically, four MRC volunteers worked at registration tables, two MRC volunteers were on “sticker patrol” (handing out stickers to identify children) and four MRC volunteers were in charge of queue management.

In Location A, MRC volunteers who attended the flu clinic rated at or above average with other MRC units for several of the categories relating to MRC volunteer and client interaction, awareness of the incident command structure (ICS), and integration of the MRC unit with the LHD. Ten MRC volunteers answered the first survey instrument, 34 MRC volunteers answered the second survey instrument and four LHD staff answered the third survey instrument.

As demonstrated by the first graph, Location A MRC volunteers scored slightly lower than average responding to patient’s questions and similarly to other MRC units on recognizing patient’s special needs. However, the Location A MRC volunteers scored

¹ All names in this document have been changed.

higher than average for responding to patient's special needs and asking questions while respecting patient's privacy. The second graph, "Awareness of the Incident Command Structure" shows that Location A MRC volunteers scored themselves higher than the average MRC volunteer for the majority of the questions including, understanding their roles and responsibilities, knowing whom to ask regarding concerns, and knowing where other functions were performed. However, Location A MRC volunteers were less likely than other MRC volunteers to know where to find supplies and to identify their own skill limits. Overall, Location A MRC volunteers were more likely than other MRC volunteers to understand the chain of command. Location A MRC volunteers were more integrated with the local health department (LHD) than MRC units from other sites and more likely to know others, feel comfortable working with others and feel as if they were part of a team.

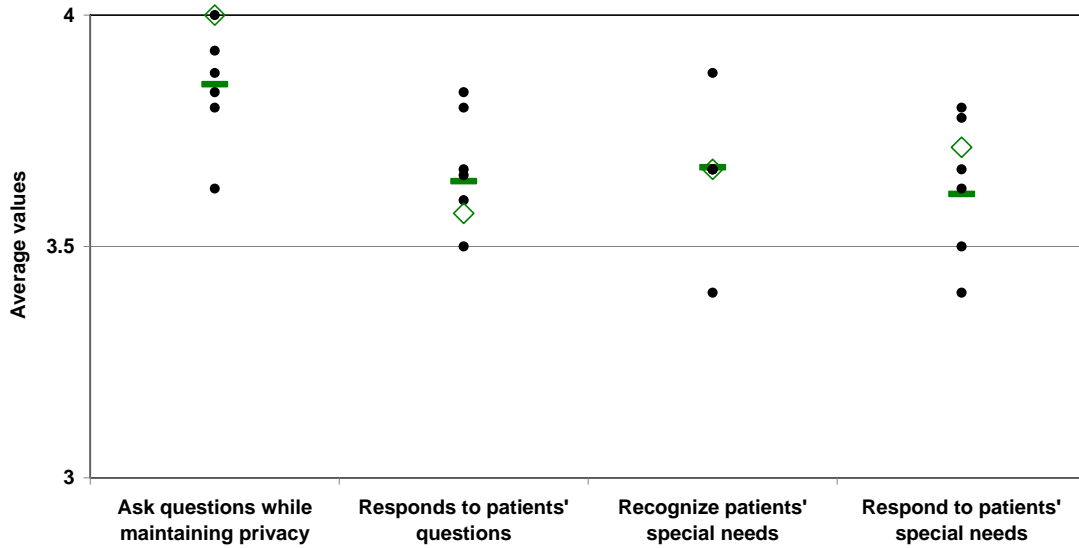
The fourth graph compares attitudes about volunteering amongst MRC volunteers who attended the flu clinic and MRC volunteers who could not attend the flu clinic. This graph found a two factor explanation that noted a key the difference between the two groups of volunteers. MRC Volunteers who did not attend the flu clinic were more likely to think that volunteering was good for them, whereas MRC volunteers, who attended the flu clinic, were more likely to believe that volunteering was good for the community. Location A MRC volunteers who did not attend the flu clinic were more likely to think that volunteering was good for professional development, volunteering helped with emotional development and volunteering was a good way to make new friends than Location A MRC volunteers who attended the flu clinic. Location A MRC volunteers who did not attend the flu clinic were less likely to think that volunteering was a way to feel more connected to the community, and less likely to think that volunteering was a good way to learn through hands on experience than Location A MRC volunteers who did attend the flu clinic. Similarly, Location A MRC volunteers who did not attend the flu clinic were less likely than Location A MRC volunteers who attended the flu clinic to believe that volunteering "makes them feel good" and that it is important to help others. Overall, Location A MRC volunteers who did show up to the flu clinic were less likely than other MRC volunteers who showed up to flu clinics at different locations to think that volunteering is an opportunity to make new friends, good for emotional development, and good for professional development. Moreover, these "Location A" volunteers are less likely to feel more connected to the community while volunteering. Location A MRC volunteers who did show up to the flu clinic were more likely than other MRC volunteers who showed up to flu clinics at different locations to think that it is important to help others, their skills are useful to the community and learn through hands on experience.

Location A MRC volunteers were slightly more likely than the average MRC volunteer to have financial barriers which prevented them from volunteering; however, were less likely than the average MRC volunteer to have inadequate skills and inadequate training that prevented them from volunteering at the flu clinic. Location A MRC volunteers were more likely than the average MRC volunteer to not have enough information about volunteering which served as a barrier to volunteering. Location A volunteers were more likely than other MRC volunteers to not have enough information about knowing the time and/or place of the flu clinic, not knowing far enough in advance to attend the flu clinic, and were more likely to be unclear of their role at the flu clinic.

Location A MRC volunteers were slightly more likely than other MRC volunteers to be concerned about becoming sick from volunteering at the flu clinic. Other safety concerns were less common amongst Location A MRC volunteers than other MRC volunteers. Location A MRC volunteers were less likely to not feel comfortable in the neighborhood and were less likely than other MRC volunteers to have some unspecified safety concern.

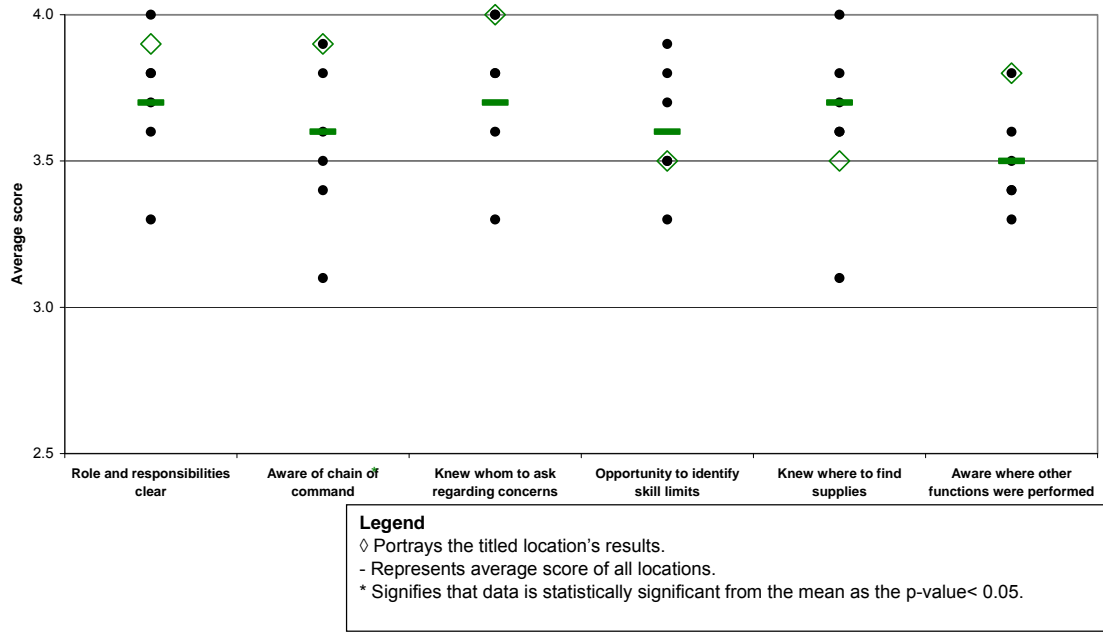
Similarly, Location A MRC volunteers were slightly more likely than other MRC volunteers to have job duties, lack of time because of prior commitments or health problems which interfered with their ability to attend the flu clinic. If transportation were provided, more Location A MRC volunteers would have been able to attend the flu clinic, making Location A MRC volunteers more likely than other MRC volunteers to identify transportation as a barrier to volunteering. Finally, Location A MRC volunteers who did not attend the flu clinic would likely not have been able to attend even if eldercare or childcare were provided.

MRC Volunteer and Client Interaction

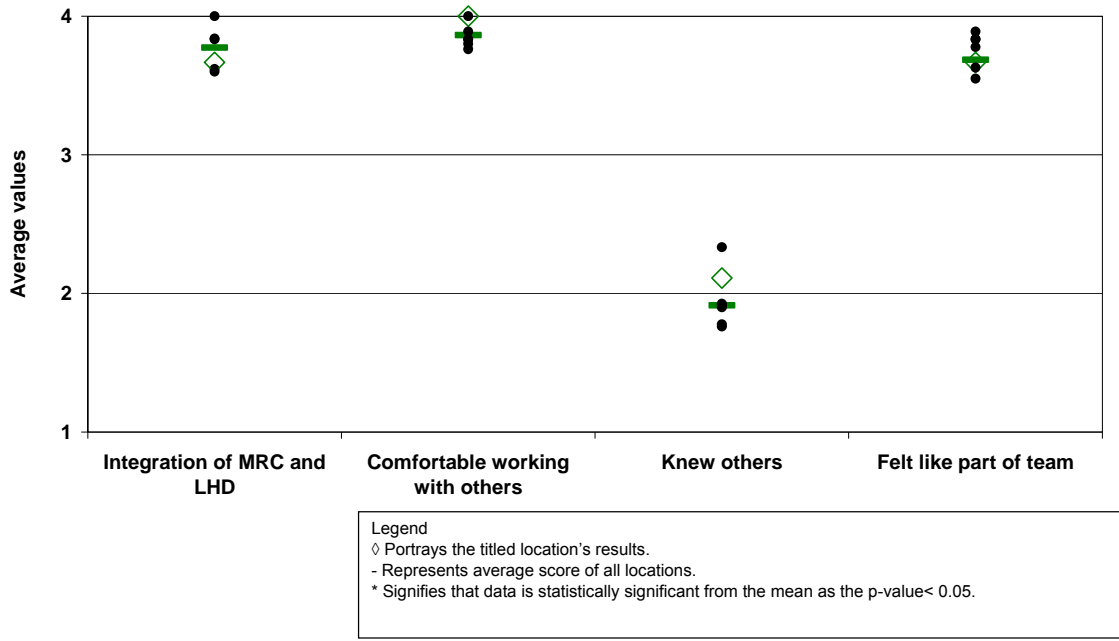


Legend
◇ Portrays the titled location's results.
- Represents average score of all locations.
* Signifies that data is statistically significant from the mean as the p-value < 0.05.

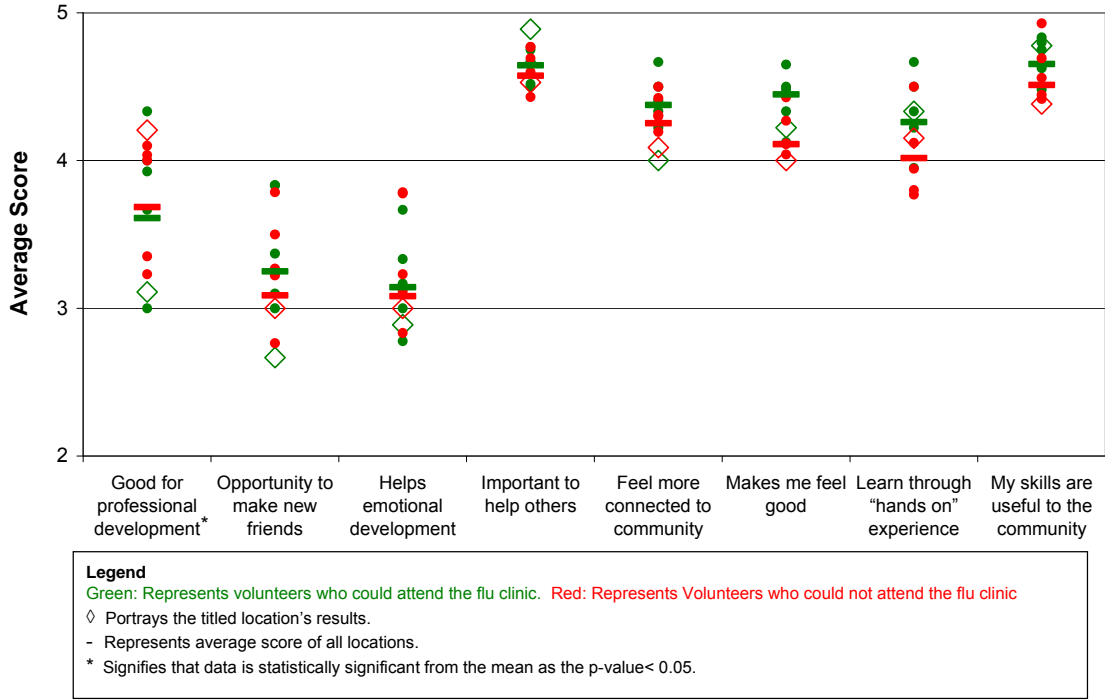
1 - Awareness of the Incident Command Structure (ICS)



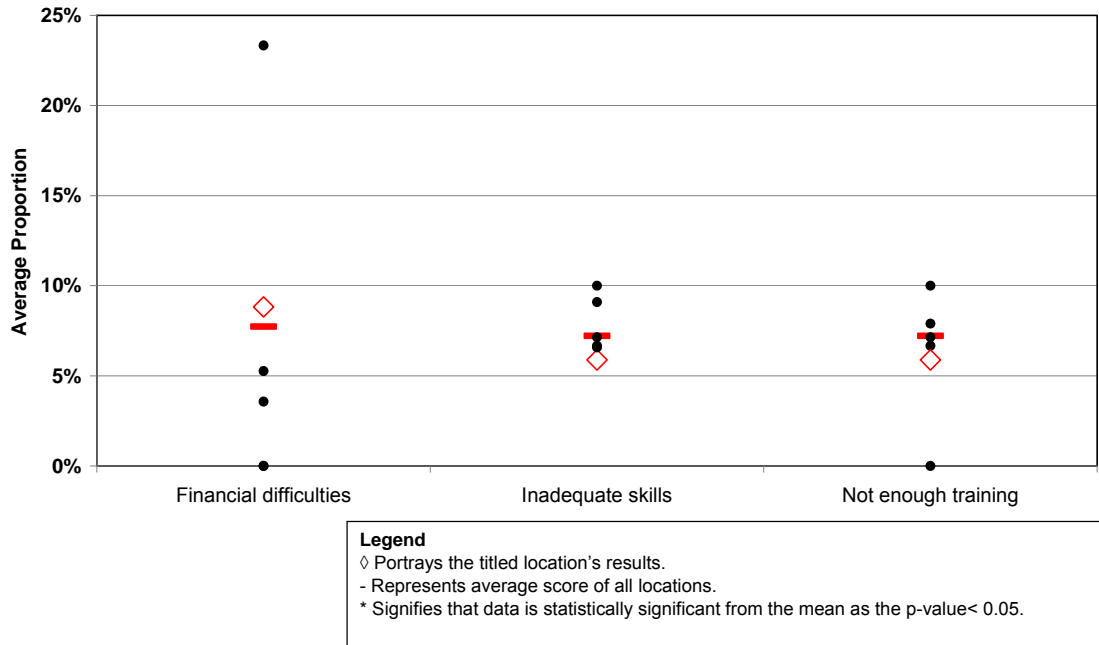
2 - Integration of the MRC unit with the LHD



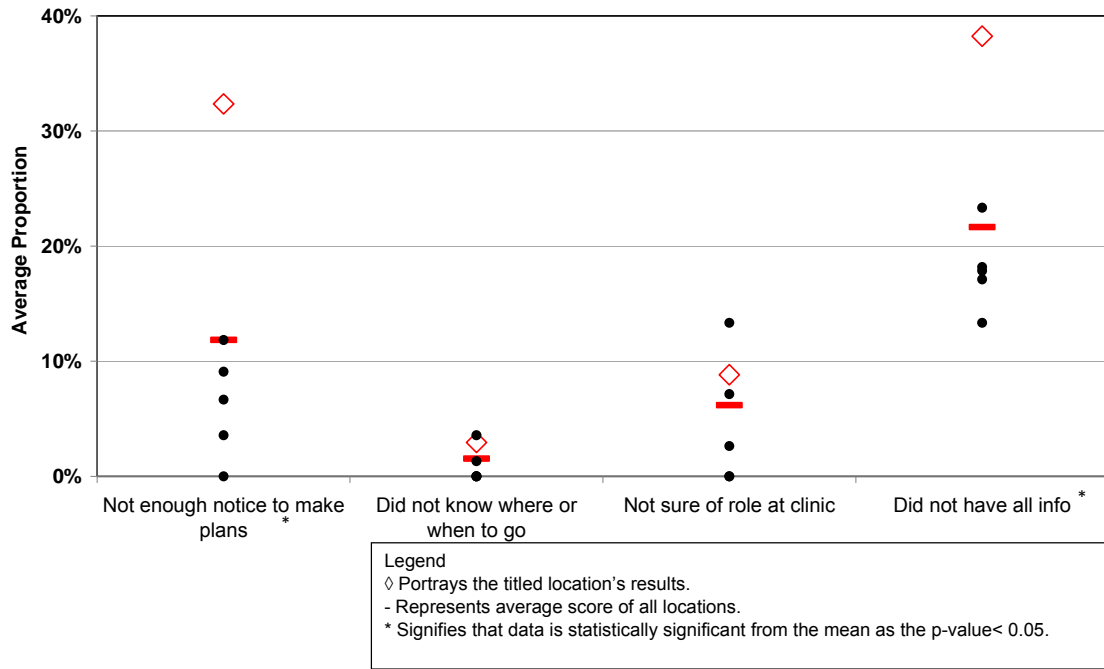
Attitudes About Volunteering (n=9; n=33)



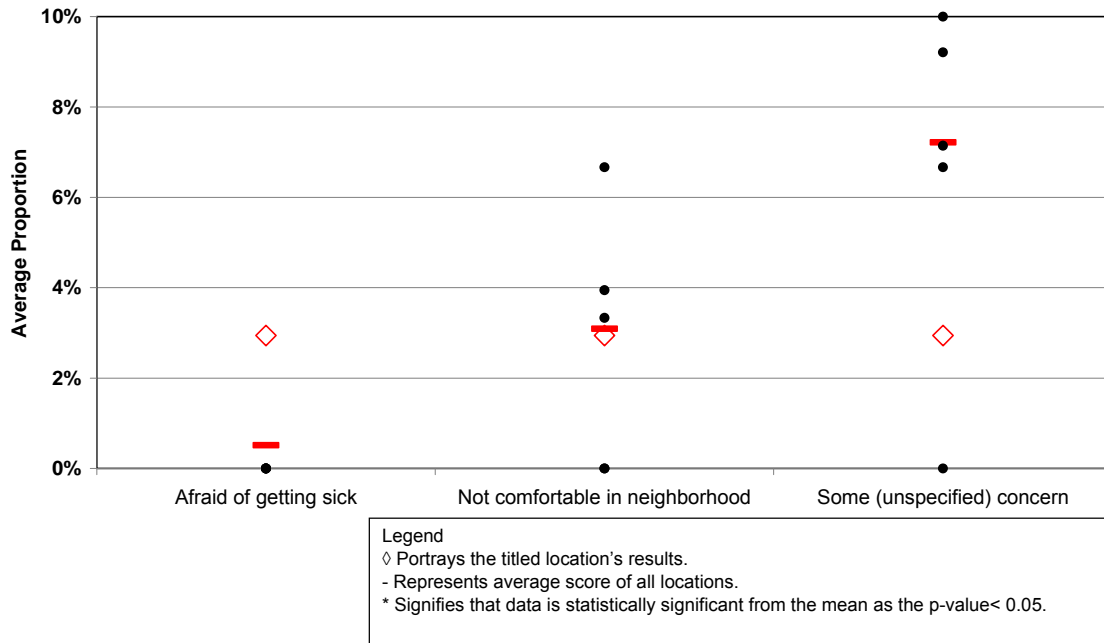
- Barriers to Volunteering (n=24)



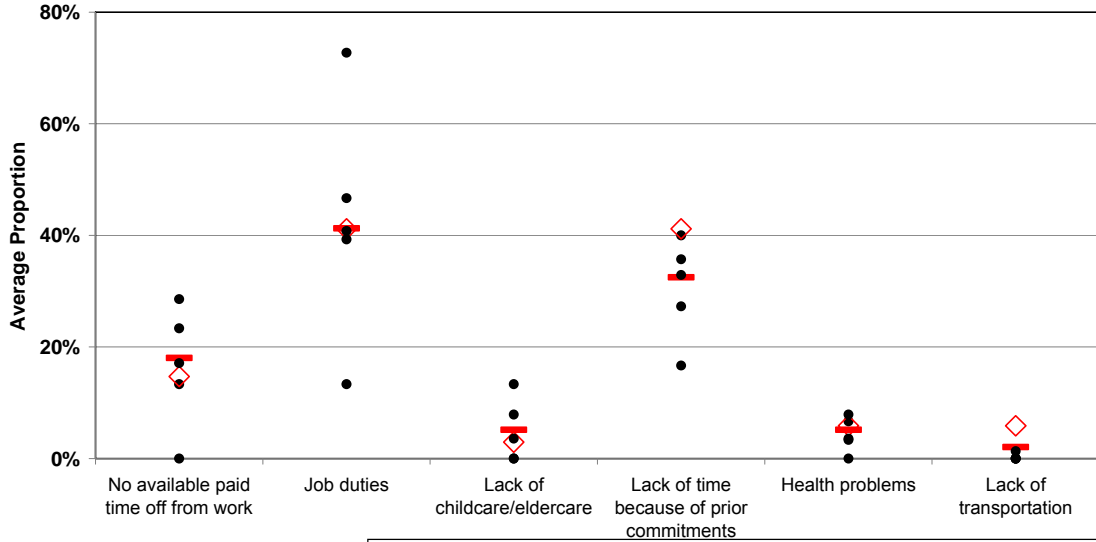
- Lack of Information (n=34)



- Safety Concerns about Volunteering (n=34)

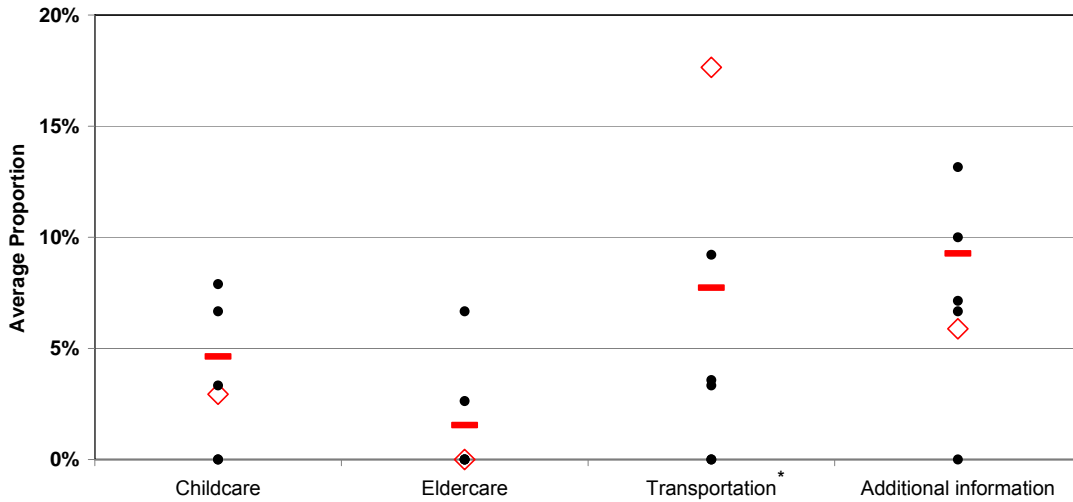


Reasons Preventing Volunteering (n=34)



Legend
 ◇ Portrays the titled location's results.
 - Represents average score of all locations.
 * Signifies that data is statistically significant from the mean as the p-value < 0.05.

- Services that Would Help You Respond (n=34)



Legend
 ◇ Portrays the titled location's results.
 - Represents average score of all locations.
 * Signifies that data is statistically significant from the mean as the p-value < 0.05.

Instrument 1
MRC Volunteer Survey (participants)

Do you have any other comments?

- The event was very well planned. There was some down time and I like to be busy the whole time.
- Today's clinic was very well organized and everyone was very respectful of each other and the students.

Instrument 2
MRC Volunteer Survey (non-participants)

Do you have any other comments?

- I am also in clergy so I feel training and volunteering is a great additive
- I believe the efforts of all who partake in emergency preparedness, who are there when an emergency calls are rewarded for their efforts by feeling good about giving of themselves. Helping others in any way they can, through emotional, physical and medical assistance at times of need is a valued and necessary human reaction.
- I would have loved to have assisted with this year's flu clinics; however, adequate notice was not received by me in order to make the necessary arrangements.
- As a student nurse, I would have loved to help with the clinics, but there were no times or dates that I could attend.
- The clinic was an all day clinic from 7-3, during the week, when most people have to work. If this clinic were held on a weekend day, it would have been a more feasible time to attend.
- I wish that they have flexible schedule for people who are willing to help
- Don't schedule Tabletop exercises just before major holidays. Don't schedule social events when people are on vacation.

Instrument 3 Staff Survey

What were the unique characteristics/professional abilities of the MRC unit engaged in today's activities?

- Familiar with ICS, received Just in Time training, both clinical and non-clinical, some had helped at other clinics in the past, some were multilingual
- I wasn't informed of the MRC unique characteristics or skills. The MRC unit was engaged in non-clinical roles at the clinic

What are the aspects of this MRC unit that need to be improved in terms of competencies and/or its composition of professional roles?

- The unit worked well and complimented professional staff nicely; the sign-up and volunteer request process could be improved to get information more easily to volunteers

How confident were the MRC volunteers in fulfilling their roles during today's activities (examples)?

- Volunteers performed the roles all day, they did not change to other positions, worked well with staff in other roles
- The MRC volunteers that I worked with were involved in guiding patients through the clinic process.

How confident were the MRC volunteers in working within the defined Incident Command Structure (examples)?

- Most have had ICS training, had job action sheet with image of supervisor, volunteers did better job than some staff of working in this structure!
- They seemed to understand the structure from what I could see

Were there roles played by the volunteers that otherwise could not be covered by any department staff?

- In planning for this event we realized we did not have enough staff to cover this event. Volunteers were critical in ensuring proper staffing. Additionally, while language wasn't a barrier at this clinic, often volunteers are able to translate information that our staff don't have the language skills to cover

What problems arose, and how were they solved?

- One MRC volunteer in a non-clinical role questioned the clinical practices of the staff, this issue was resolved by using the ICS system and bringing it to the attention of the safety officer
- There was one MRC volunteer that criticized the clinical skills of the vaccine administration staff throughout the clinic and hotwash. Perhaps she didn't understand ICS and to communicate to her supervisor. Perhaps if someone is a clinician (and I don't know that she was) and they are not to be serving in a clinical capacity at an event, they should be staffed away from the clinical operations

Considering the number of volunteers, number of hours, and their professional training, describe the value of the assistance provided by the MRC unit in today's Flu Clinic:

- Somewhat valuable, but could have been more so if they had been used in a clinical role. For a small operation, the labor required to engage volunteers is high, but for a large operation, the value makes the effort on the front end worth it
- There were way too many people (staff and volunteers) working at a clinic for 200 students. We were staffed for 1000
- Limited

Estimate the effort to the LHD of training and preparing the MRC unit for today's event (include prior outreach and training activities):

- 40 hours (This question is tough to answer... also, it took some work to figure out what LHD stood for)
- Many hours
- Fair amount

What else should be done to help the LHD staff work better with volunteers?

- Had the staff also participated in the JIT training, they would have better understood where the volunteers were coming from
- Explain what their skills are. Are they clinicians? Most of them seemed to be non-clinical staff
- More events

Do you have any other comments?

- Volunteers were extremely friendly and helpful to students

For the MRC coordinator only: What were the 3 most challenging factors in engaging the MRC unit during today's Flu Clinic:

- Recruiting a sufficient number of volunteers
- Identifying roles appropriate to the volunteer's background and experience, the staff time it took to organize volunteers
- Identifying roles appropriate to the volunteer's background and experience