Translating Practice into Policy: Disaster Nursing and Research in the American Red Cross

American Red Cross

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Disclosure and Program Objectives

Janice Springer, DNP, RN, PHN Red Cross Volunteer and Mary Casey-Lockyer, RN, MHS, CCRN Program Development, Disaster Health Services, American Red Cross

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At the end of this program, participants will be able to:

- Describe the use of nursing research and challenges around methodologies in a disaster response setting.
- Understand the application of disaster nursing research to policy, process and education.
Background

- Disaster events highlighted gaps and inconsistencies in collection and use of data
- Paucity of published evidence-based practice for identifying at-risk populations in a disaster shelter setting
- Morbidity surveillance data from congregate disaster shelters not well understood
- A need for qualitative data around disaster fatalities to inform preparedness messaging
- Problem-solving for disaster response requires non-linear thinking and often presents as a “Wicked Problem”
Quantitative and Qualitative strategies

- Field-based pilot studies were done to identify needs of actual or potential at-risk clients in shelters through a mixed-method approach.

- Surveillance: Daily (24-hour) tally of shelter population health categories were instituted.

- Fatality data is collected from medical examiners and coroners to verify number and identity of individuals suffering a disaster-related death.
RESULTS

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Cot-to-Cot and CMIST

- Registration is too busy and lacks privacy
- Clients do not know what they need
- Clients with access and functional needs may approach 50% of the shelter population
- Needs emerge over time
- Nurses are best positioned to assess and advocate
Surveillance

- Aggregate morbidity-protects privacy
- Tally system
- 24 hour
- Acute illness pattern awareness
- Predictive features
Mortality

- Data gathered is circumstantial

Alabama Tornados

Hurricane Sandy
APPLICATION AND LIMITATIONS
Applications

- Cot-to-Cot
- Surveillance/Aggregate Morbidity
- Condolence teams and Fatality data
Limitations

- Disasters are fluid
- Multiple barriers
- Ethical considerations
FUTURE

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Quality Indicators

- Literature review
- Retrospective chart review
- Development of indicators
Policy and Partnerships

- CDC, FEMA, HHS
- National Mass Care Strategy
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