



Tristate Medical Reserve Corps

Regional H1N1 Volunteer Report

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## **Introduction**

The Tristate Medical Reserve Corps (TMRC) is a regional coalition of volunteers in the Southwest Ohio, Northern Kentucky, and Southeast Indiana region. During the H1N1 response efforts the TMRC was actively involved in the response efforts of public health in several local areas. Other local TMRC units did not activate TMRC volunteers.

This report will provide a brief overview of the regional and local response of the TMRC to the H1N1 incident from August 10, 2009 to January 31, 2010. This paper will include a review of response data, local decisions to activate or not activate volunteers, how local units utilized volunteers during the response, and other related information.

The TMRC is a coalition of local autonomous MRC units who work together to ensure more effective planning and response efforts. As this report will show, local units retain the ability to utilize volunteers as they see suitable. Volunteer management decisions vary depending on local situations and the needs of each community. For more detailed information from local TMRC units, a contact list is provided in Appendix A. Please contact the appropriate local coordinator for further information.

It is also important to mention the valuable volunteer efforts of other community partners not directly associated with the TMRC. These community agencies were vital to the response of many local public health agencies. These agencies include Kroger's, University of Cincinnati, Xavier University, Community Emergency Response Teams, Citizen's Corps, Citizens on Patrol, and other agencies and organizations.

## **Tristate Medical Reserve Corps Volunteer Response**

The decision to utilize TMRC volunteers or not was at some point considered by each local TMRC Unit. It appears that the decision to activate volunteers in many jurisdictions was related to the limited supply of vaccine available initially to public health. For more rural communities, vaccine quantities were so limited that large public clinics and school based clinics were difficult to schedule. If local public health agencies felt that vaccine amounts were too limited, then they were much less likely to activate TMRC volunteers.

Another consideration that may have limited the use of TMRC volunteers for H1N1 response was the difficulty in finding available staff that had the time and training necessary for managing a large scale volunteer response. Volunteer management can be a very time consuming process, particularly when working to schedule volunteers for multiple clinics over multiple weeks.

Some jurisdictions also mentioned the potential difficulties in asking volunteers to work at H1N1 clinics alongside of other temporary paid staff. Many public health agencies utilized

temporary nurse staffing agencies for operating clinics, and asking unpaid volunteers to work alongside of paid temporary staff may have led to the decision not to use volunteers in some cases.

The following information is from agencies that did activate volunteers. For the Cincinnati/ Hamilton County MRC Unit, volunteer totals have been further broken down by public health jurisdictions where possible. When multiple agencies utilized volunteers inside the same county based MRC Unit, it is likely that some volunteers responded to multiple agencies, and therefore could affect the data collected on volunteer usage.

#### **Hamilton County Public Health**

How many callouts were sent to volunteers?	11
How many individual volunteers were involved in the response efforts?	198
How many positions were filled with volunteers (some volunteers worked multiple shifts or days)?	303
How many total hours were volunteered?	1515
How many H1N1 Influenza clinics utilized TMRC volunteers?	35

#### **Cincinnati Health Department**

How many callouts were sent to volunteers?	11
How many individual volunteers were involved in the response efforts?	262
How many positions were filled with volunteers (some volunteers worked multiple shifts or days)?	837
How many total hours were volunteered?	3561.5
How many H1N1 Influenza clinics utilized TMRC volunteers?	181

#### **Norwood Health Department**

How many callouts were sent to volunteers?	7
How many individual volunteers were involved in the response efforts?	28
How many positions were filled with volunteers (some volunteers worked multiple shifts or days)?	28
How many total hours were volunteered?	45
How many H1N1 Influenza clinics utilized TMRC volunteers?	7

**Clermont County Health Department**

How many callouts were sent to volunteers?	1
How many individual volunteers were involved in the response efforts?	20
How many positions were filled with volunteers (some volunteers worked multiple shifts or days)?	20
How many total hours were volunteered?	50
How many H1N1 Influenza clinics utilized TMRC volunteers?	1

**Northern Kentucky Health Department**

How many callouts were sent to volunteers?	5
How many individual volunteers were involved in the response efforts?	74
How many positions were filled with volunteers (some volunteers worked multiple shifts or days)?	143
How many total hours were volunteered?	858
How many H1N1 Influenza clinics utilized TMRC volunteers?	19

**Switzerland County Health Department**

How many callouts were sent to volunteers?	2
How many individual volunteers were involved in the response efforts?	6
How many positions were filled with volunteers (some volunteers worked multiple shifts or days)?	10
How many total hours were volunteered?	26
How many H1N1 Influenza clinics utilized TMRC volunteers?	2

## Regional Summary of TMRC Response

By looking at the local H1N1 volunteer data, some general observations can be made about the TMRC regional response. The following chart provides a tally of all local MRC Unit information.

TMRC Unit	Volunteers Used	Callouts	Individual Volunteers	Positions Filled	Hours Volunteered	Clinics Using TMRC
Adams	No					
Brown	No					
Butler	No					
Cincinnati/Hamilton County/Norwood	Yes	29	488	1168	5121.5	223
Clermont	Yes	1	20	20	50	1
Clinton	No					
Highland	No					
Warren	No					
Northern Kentucky	Yes	5	74	143	858	19
Three Rivers	No					
Switzerland	Yes	2	6	10	26	2
Dearborn	No					
<b>Totals</b>		<b>37</b>	<b>588</b>	<b>1341</b>	<b>6055.5</b>	<b>245</b>

Because some volunteers worked for multiple clinics and shift, data has been collected about both the number of specific volunteers responding, and the number of work positions that the volunteers filled during the response. On average, a volunteer worked 2.28 times in the H1N1 response. This volunteer work averages to 10.30 hours total per volunteer. An average of 2.4 volunteers worked at each H1N1 clinic.

## Strengths in H1N1 Response

There are several areas in the TMRC H1N1 response that were considered strengths. The first of which was the ability of the TMRC leadership to call out and activate volunteers, and for the volunteers to respond to the requests for assistance. A total of 37 callouts were performed, and the volunteer response to each callout was excellent. While the callout system, Ohio Responds, worked for this event, the system remains very limited in its ability to perform these callouts. Appendix B contains a more detailed review of the Ohio Responds system and identifies the areas that do and do not work for the TMRC.

The TMRC leadership was very successful in managing and organizing the 245 H1N1 clinics which utilized volunteers. This volunteer management process was accomplished through the use of both automated survey software and through traditional phone and email based coordination. Because of the nature of this incident, where hundreds of small clinics were scheduled over a period of months, the volunteer management process was much more complicated than what would be expected in a traditional response to a biological disease outbreak. The ability for local TMRC units to coordinate this process was a major strength in the response.

Finally, the volunteer response level for this incident was high. According to the rosters of the local MRC units who activated for this response, there are 1,464 volunteer registered. A total of 588 individual volunteers responded, which is 43.8% of the total volunteers available to those jurisdictions.

Local TMRC Unit	Total Volunteers on Roster	Used in H1N1 Response	% Used
Cincinnati/Hamilton County	1004	488	48.6%
Clermont	247	20	8%
Northern Kentucky	167	74	44%
Switzerland	25	6	24%
<b>Totals</b>	<b>1464</b>	<b>588</b>	<b>43.8%</b>

## Areas for Improvement in H1N1 Response

The TMRC response was very strong to this incident, but several areas for improvement were identified. These areas for improvement will be addressed in the coming months to better prepare the TMRC for future activations.

Volunteer credentialing was one area where additional planning is needed. The TMRC has been working for several years to provide photo ID cards to volunteers who meet certain requirements. Difficulties continue in the development and processing of these cards. In addition, during a response to an emergency, incident or event specific cards should be developed to work in conjunction with TMRC ID cards. These event or incident specific identification items (cards, bracelets, vests, etc.) allow security and management leaders to be sure that volunteers are used appropriately, and that only approved volunteers are allowed to work during the response.

Another area of concern, particularly in the early stages of the response, was the issue of volunteer vaccination. There was considerable confusion initially as volunteers in some jurisdictions were told that they could receive an H1N1 vaccine, while others were not provided a vaccine. This was particularly troublesome when paid public health staff were offered vaccine

at the same clinics where volunteers were not offered vaccine. ODH, CDC, and other leaders in public health response need to consider a policy which requires equal protection for volunteers and paid staff working at clinics. If paid public health staff are receiving vaccine or other medication, then volunteers should be treated equally, and vice versa.

Problems also exist in the coordination of volunteer activities within larger MRC units. In several county based units, several local public health jurisdictions exist. Greater coordination is needed in order for these different agencies to use volunteers efficiently. This coordination may include joint callouts, joint volunteer reception centers, common identification and security controls for volunteers in the field, and coordination in other areas of a volunteer response.

Another area where improvement is needed is in the Ohio Responds callout system. During this event, the system worked to call out TMRC volunteers, but continues to have limitations to its capabilities and functionality as a primary notification/activation system for the TMRC. A detailed review of the Ohio Responds callout system is provided in Appendix B.

Finally, coordination between the TMRC and other agencies under the Citizen's Corp umbrella is lacking. In most jurisdictions, the various volunteer groups under Citizen's Corps do not coordinate or communicate during planning and response activities. Many TMRC volunteers are also involved in other volunteer groups in the community. In order to successfully utilize volunteers in future emergencies, these volunteer agencies need to coordinate with one another.

## **Conclusion**

The TMRC response to H1N1 was not the first for the organization, but it was by far the largest. The TMRC leadership and volunteers provided valuable assistance in the operation of H1N1 clinics, the management of supplies and resources, and even assisting in the management other TMRC volunteers.

The US Department of Labor, Bureau of Labor Statistics estimates that in 2009 the average value of volunteer work was \$19.51. Using this figure, the TMRC has saved public health agencies in the region approximately \$118,143. This figure would likely be higher if the technical and medical expertise each TMRC volunteer provided were able to be calculated. In addition to labor cost savings, the TMRC allowed public health agencies to utilize paid staff more effectively, which reduced the disruption to normal public health work during the H1N1 response. The TMRC has proven its value to the public health community, and will continue to recruit, train, and prepare volunteers from our communities to respond to emergencies in our region.

## Appendix A – Tristate Medical Reserve Corps Points of Contact

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<b>TMRC Unit Jurisdiction</b>	<b>Primary Contact</b>	<b>Backup Contact</b>	<b>Backup Contact</b>
Adams County	Judy Bennington 937-544-5547	Bruce Ashley 937-544-5547	Karen Sapp 937-544-6123
Brown County	Rusty Vermillion 937 378-6892	Jane Cahall 937-378-5100	Joe Koch 937 378-6892
Butler County	Pat Burg 513-863-1770	William Karwisch 513-785-7090	David Winfough 513-425-7854
Clermont County	Carol Kisner 513-735-8412	Marty Lambert 513-732-7499	Julieanne Nesbit 513-732-7935
Clinton County	Mike Jones 937-382-6673	Bob Derge 937-382-3829	Angie Putman 937-382-7221
Hamilton County	Tim Ingram/ Steve Englender 513-946-7821/513-357-7208	Pam Bauer 513-458-4600	Cammie Mitrione 513-346-5725
Highland County	Jim Vanzant 937-393-1941	Jim Lyle 937-393-5880	Karen Oglesby 937-393-1942
Warren County	Duane Stansbury 513-695-1566	Rick Murray 513-695-1313	Alicia Habermehl 513-695-2475
Northern Kentucky	Jean Caudill 859-363-2009	Stella Barber 859-363-2036	Steve Divine 859-363-2023
Three Rivers Region	Don Jacobs 859-654-6985		
Dearborn County	Ginny Daum 513-827-2076	Doug Baer 812-537-8841	Bill Black 812-537-3971
Switzerland County	Christopher See 812-427-9015		
Regional Director	Jared Warner 513-515-8594	Todd Dudley 513-563-1722	
Regional Admin. Access	Carol Kisner 513-735-8412		

## **Appendix B – Ohio Responds Review**

This Appendix to the Regional H1N1 Volunteer Response will provide a more detailed review of the Ohio Responds callout system.

### **Introduction**

The State of Ohio has provided a volunteer registration and alerting system for use by local Medical Reserve Corps Units. While this system is a useful tool in MRC preparedness and response efforts, it has some shortfalls that limit its utility at the local level. This appendix will focus on general strengths and areas for improvement of the Ohio Responds system, and then provide several recommendations for how the system could be developed and adjusted to improve its utility to local TMRC units.

### **Strengths**

The Ohio Responds system provides a central location for volunteer information to be stored. The system also allows database information to be downloaded for offline use, and for data to be accessed from any location with internet access. This use of a central database is an essential tool for local MRC units.

Ohio Responds also provides a tool for making automated callouts to the volunteers registered on the system. The alerting capability is a useful tool and has been used by local MRC units in both exercises and real incidents.

### **Areas for Improvement**

The alerting system works to send out basic information to registered volunteers, but is very limited in its alerting features. The alerting system currently requires alerts to be sent out immediately after completion. In real world incidents, there may be times when callouts would need to be scheduled in advance.

Another feature needed in the callout system is the ability to select the type and order of callout methods. Currently, the alert can be sent to primary and secondary emails and phone numbers, but there is no way to prioritize these contact methods or to prioritize the order of the contact methods used.

The current Ohio Responds system only allows for the use of text to speech for alerts. In many incidents, numbers, addresses, and websites many need to be included in alerts. In order to allow this information to be effectively communicated, an option to record a voice message would be useful.

### **System Issues**

When sending alerts to volunteers, MRC coordinators need to be able to determine how many volunteers received information from the callout, and how many did not. In the current Ohio Responds reporting system, the contact success figures are not based on how many volunteers answered the phone, but instead are based on whether the phone call was sent to the contact. The alert reporting

needs to provide feedback about how many calls were answered by a person and how many calls resulted in messages on answering machines.

In addition to poor alert reporting, Ohio Responds does not allow any feedback into the alert system. Several commercially available systems include options for data collection. For MRC use, the ability to have a volunteer select a button to indicate their availability to respond or not would be very useful.

The contacts management portion of the system is not user friendly. For example, in order to edit a volunteer's profile, over ten separate screens must be selected. A layout in a table or chart format would be more useful, combined with the ability to select the columns that the user wanted to view.

Finally, the Ohio Responds system needs to have better options for the administration section of the volunteer profile so MRC leaders can at a glance review a volunteers training and credential status.

## **Conclusion**

Ohio Responds allows local MRC leaders to alert volunteers and manage volunteer data, but it does not meet all of the needs of the local leaders. Other commercial communications products provide many options for communication and data management systems. If ODH and the other involved state agencies plan to continue to spend funds on volunteer management and alert systems, these agencies should consider making upgrades in the existing system or replacing it with a more robust system. Local MRC Unit leaders should be given an opportunity to be a part of any future discussions on system improvement or changes, as these local coordinators are the final users of the product. The system as is currently exists is a useful tool, but could be of much more use if significant improvements were made to the system.