Interprofessional Response for Covid-19 Mass Vaccination in Nassau County

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Abstract

Aim

The purpose of this study was to examine the interprofessional response teams, specifically the use of the MRC, in Nassau County, Florida during the COVID-19 pandemic, and their impact on mass vaccination campaigns from January – May 2021.

Methodology

A retrospective review was conducted for 202 vaccination Points of Dispense (POD) between January – May 2021. A raw data set was used in IBM SPSS 27 software, including information from NCEM’s WebEOC program. The dichotomous nominal independent variable was MRC participation in a given location dependent variable was allotted vaccine doses.

Results

The sample consisted of 202 PODs between January – May 2021 with a total of 35,103 vaccine doses allotted for the entire time. Volunteer participation was close between the two groups, 50.5% yes and 49.5% no. Volunteers included Team Rubicon, Medical Reserve Corps (MRC), and Amateur Radio Emergency Services (ARES).

The variable MRC participation was tested for normality using the Shapiro-Wilk test. A Mann-Whiney U test was analyzed to determine if there was a statistically significant difference for allotted doses of vaccine with MRC participation; U=1288.00, p=0.001, with a large effect size of r = 0.58.

Conclusion

Findings suggest that the use of volunteers, specifically MRC members, had an impact on the number of allotted doses that were able to be administered during each day of vaccinations, or PODs, held as well as managed by the Nassau County Department of Health (NCDOH) and Nassau County Emergency Management (NCEM) from January 1, 2021 - May 5, 2021. Data suggested that the interprofessional response teams utilized large vaccination sites, which included schools and sports complexes, in conjunction with traditional community-based health centers which contributed to the increased use of volunteers and POD availability for the public. An unexpected outcome was that MRC volunteer attendance represented only about a third of the total PODs even though they had a statistically significant impact on administered doses.

Limitations

• Information obtained was used for the planning and staging of all the PODs.
• Data was retrieved from self-reporting of IC’s 214 logs which can lead to recall bias.
• Information requested from the NCDOH was often blocked and redirected to the FDOH public affairs office in Tallahassee.

Recommendations

• Host Agency: establish the MRC as a community volunteer organization that can be utilized outside of a global pandemic by coordinating with local event planners, agencies, and businesses to supplement event activities. This is important because it keeps members involved in the organization, creates community engagement, and allows members continuing education and readiness in case of an emergency.

• Public Health Impact and Practice: well established and well-established MRC volunteers through the proper DCHH channels so they are aware how to help support the NCDOH in their clinic, health departments and community functions.

• Further Research: fund adequate peer reviewed research utilizing ASPF’s current national system for registered hours, activities, locations, and fiscal impact.

References


Purpose

To examine the interprofessional response teams, specifically the Medical Reserve Corps (MRC) in Nassau County, Florida during the COVID-19 pandemic, and their impact on mass vaccination campaigns from January – May 2021.

Methods

A retrospective review was conducted using a raw data set built for NCEM’s WebEOC program. Participants included MRC members who participated in 202 points of dispensation (PODs) that occurred between January – May 2021. Allotted vaccine doses across 202 PODs in relation to MRC participation is the outcome. Results: The sample consisted of 202 Points of Dispense (POD), between January and May 2021 in a total of 35,103 vaccine doses allotted for the entire time. Volunteer participation was close between the two groups, 50.5% yes and 49.5% no. Volunteers included Team Rubicon, Medical Reserve Corps (MRC), and Amateur Radio Emergency Services (ARES). Results did show a statistically significant difference for allotted doses of vaccine with MRC participation; U=1288.00, p=0.001, with a large effect size of r = 0.58.

The variable MRC participation was tested for normality using the Shapiro-Wilk test. A Mann-Whiney U test was analyzed to determine if there was a statistically significant difference for allotted doses of vaccine with MRC participation; U=1288.00, p=0.001, with a large effect size of r = 0.58.

Results

The sample consisted of 202 PODs between January- May 2021 with 35,103 vaccine doses allotted for that period.

Seventy-eight percent of the doses allotted were manufactured by Pfizer with most of the PODs being held between February, 28.7%, and March, 28.2%.

Volunteer participation was closely distributed between both groups, 50.5% yes and 49.5% no. Volunteers included Team Rubicon, Medical Reserve Corps (MRC), and Amateur Radio Emergency Services (ARES).

Results did show a statistically significant difference for allotted doses of vaccine with MRC participation; U=1288.00, p=0.001, with a large effect size of r = 0.58.

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• Public Health Impact and Practice: well established and well-established MRC volunteers through the proper DCHH channels so they are aware how to help support the NCDOH in their clinic, health departments and community functions.

Further Research: fund adequate peer reviewed research utilizing ASPF’s current national system for registered hours, activities, locations, and fiscal impact.

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