H1N1 REGIONAL FOCUS GROUP DISCUSSION / Greater Sullivan County PHN

On February 18th, the Greater Sullivan County Regional Coordination Committee met and discussed the regional H1N1 response. The Committee listed Strengths, Weaknesses, Opportunities and Threats (Challenges) that we encountered throughout the process of vaccinating the public. Overall, the region held 29 clinics, vaccinating a total of almost 3000 people between November 4, 2009 and February 28, 2010.

STRENGTHS

Large number of people were vaccinated / citizens expressed thanks and were in general happy when leaving the clinic
Volunteer coordination was very good, we had enough volunteers at every clinic
In particular at Goshen-Lempster, all volunteers felt they were well utilized
We sent out Thank Yous to the volunteers
Good press use, effective posters and bulletins
We now know what to expect for next time a POD needs to be opened
Coordination with Sheriff dept for escort worked out very well
Opened MACE effectively.

WEAKNESSES

Coordination of each clinic (who is in charge, etc) was inconsistent from clinic to clinic. Should have used ICS at every clinic.
Too many phone calls/emails back and forth – communication lines were crossed. (*led to inconsistent expectations)
No consistent debriefing after every clinic.
No clean glove use policy

OPPORTUNITIES

Lesson learned: have vaccine in hand before choosing date for POD
Now we know what to expect.
Each time we do a clinic it will run more smoothly as we get the bugs out
We now have better volunteer lists and a more robust MRC group
We learned what supplies are really needed in POD bins and are able to redo these.
Can do a survey for participants of clinic/to gague their satisfaction

THREATS/CHALLENGES

Needles were incorrect
Gloves issue – MMRS team did not use
Could have communicated better with school nurses
Job descriptions not as clear as could be
Too many phone calls – not keeping everyone in same loop
The State "asks" with a very short time frame to act/ difficult to plan clinic at last minute
Difficult to get notes to all parents – and each school did this differently
It was quite a learning curve (had not done this before)

SUGGESTED ACTION

Set clinic position assignments and job descriptions ahead of time
Revise our POD layouts
Safety needles, use the correct needle type, have the supplies reviewed by a clinical professional in advance of clinic.
Develop written policy re gloves use
Use ICS at every clinic
Suggest a teleconference to avoid too many phone calls or people being left out of loop
Consistent way to get notes to parents
Have debriefing after every clinic – with all of the volunteers present
Revise POD bin supply list

IMPROVEMENT PLAN **DRAFT 4/15/2010**

CAPABILITY	OBSERVATION	SUGGESTED ACTION	PERSON RESPONSIBLE	COMPLETE BY:
1. Regional Response Coordination	Preparation for clinics are inconsistent	Employ POD Ops check list so that preparation is the same for each clinic. Prepare for all clinics using this same checklist.		
2. Partner Notification	Too many phone calls / inconsistent expectations	Send info the earlier the better. Develop a check list of who to contact and when contact made.		
	Noted difference between notification and commitment – volunteers didn't always show up	Plan for a surplus of volunteers – get more people than needed for each clinic, you can always send folks home if needed.		
	Some school nurses felt out of loop	Keep school nurses in the communication chain from the start		
3. Risk Communication	media person not identified at every clinic	Have Incident Commander either be the PIO or identify one PIO at all clinics, for media to go to one person.		
	Outreach could have been more robust	Suggest starting a Facebook page in addition to the Twitter which already exists		
4. POD Activation	MACE purpose not always understood by SAUs	Meet with SAU administration to explain Public Health emergency response structure and function of the MACE as a resource		
5. POD Operations	Unsure "who'se in charge" at some clinics	Be consistent with use of ICS structure every time, regardless of type or size of clinic. Use badges, vests, and the same JIT Training every time.		
	POD box supplies not adequate	Redo contents of POD boxes per findings from h1n1 clinics		
	Gloves use inconsistent by MMRS team	Develop glove use policy. Adhere to this policy at all clinics – train on this at all clinics.		
6. POD Deactivation	No consistent debriefing at each clinic	Develop a uniform and simple (15 minute) debriefing for use at all clinics regardless of size or clinic type. (This is on the POD Manager JA sheet). Also develop a one page (4 question max) staff/vol evaluation sheet for staff to fill out incase they leave earlier or miss the debrief.		
7. State Response	Forms changed often, confusing which was the "new form" vs. "newest" , "newer", brand new" form… of the day.	Form should have date in title of form if DHHS emails us a new form. – give us some notice.		
	Nature of the ads targeted mostly individuals	RCC would like to bring to DHHS' attention that it would be good to see more advertising which focuses on the whole population (the Herd Immunity theory) that immunization is a civic responsibility which protects the entire community		
	When DHHS asked us to vaccinate children the week before they go on holiday break, not enough time for planning	State should plan in advance and give more lead time to regions for planning purposes.		