Medical Response Team Implementation in a Faith Based Organization



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The Problem

- Local
 - ► Chronic medical issues
 - Acute medical issues
 - Ambulance services
- Regional
 - ► Friends and Family
 - Centers for Disease Control and Prevention
- National
 - Out of hospital cardiac arrest
- Impact on Nursing Practice and Patient Outcomes



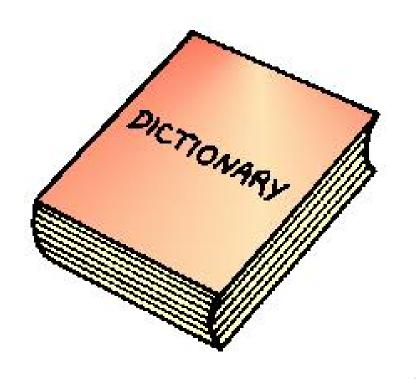
Purpose of the Research

► The purpose of this research was to use evidence based practice and implement a Medical Response Team in a Faith Based Organization.



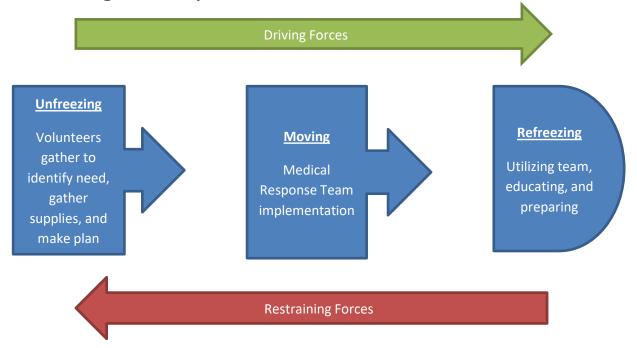
Definition of Terms

- Medical Response Team
- ► Faith Based Organization



Framework

The Planned Change Theory



Assumptions

- People will get sick.
- Volunteers will want to help.



Review of Literature

- Search Process
- Common Themes
 - ► Health and Religion
 - ▶ Levin, 2016
 - Mircea, 2006
 - ▶ Wordsworth, 2014
 - ► Carrico, 2003
 - ▶ Ferratini, 2010
 - Emergency Preparedness
 - ► Hurst and George, 2009
 - ▶ Russo, 2017
 - ► Timmons and Crosbie, 2014



Context

- Project Setting
 - East Booneville Baptist Church
- Population and Sample
 - 704 members
 - Volunteers



Project Intervention Plan

- Unfreezing Stage
 - ► First meeting of volunteers
- Moving Stage
 - Official list will be made available
- Refreezing Stage
 - ► Team is prepared and ready
 - Education

Timeline

- Sunday, January 6, 2019
 - Begin sign-up
- Sunday, February 3, 2019
 - ► First official meeting
- Sunday, February 17, 2019
 - ► Go live date
- Sunday, March 17, 2019
 - Evaluation



Education Survey

- Please rate each question with the following Likert scale:
 - ▶ 5 Strongly Agree
 - ▶ 4 Agree
 - ▶ 3 Neutral
 - Disagree
 - ▶ 1 Strongly Disagree
- Rating
 - ▶ _____ 1. I know where the two Automated External Defibrillators are kept.
 - 2. The I know where the first aid boxes are kept at the faith based organization.
 - ▶ _____ 3. I have been educated on how the Medical Response Team will communicate.

Evaluation Survey

- Please rate each question with the following Likert scale:
 - ▶ 5 Strongly Agree
 - ▶ 4 Agree
 - ▶ 3 Neutral
 - Disagree
 - ▶ 1 Strongly Disagree
- Rating
 - ▶ _____ 1. I believe the medical response team is an asset to EBBC.
 - ▶ _____ 2. The team displays excellent group dynamics.
 - ▶ _____ 3. I think this team is sustainable.
 - ▶ _____ 4. I feel my opinion is valued.

Results

- ▶ 14 participants
- ▶ 100% positive results on Education Evaluation Survey
- ▶ 100% positive results on Evaluation Survey
- ▶ 100% had previous medical experience
- Found expired AED pads

Implications

- The findings from this project suggested it is valuable to have a dedicated team of individuals who know exactly where emergency equipment is located and how to properly use it.
- During this time frame the pads for the automated external defibrillator expired. As the team checked equipment, the expired pads were noted and replacements ordered.
- Additional data collection is needed over a longer period of time to assess workings and sustainability of the MRT.

Recommendations

- Think about where you go on a regular basis:
 - Faith based organization
 - Park/ball field
 - Grocery store
- Is an AED available?
- When was it last checked?
- Are pads and battery in date or expired?
 - Use old pads as practice to show others what the pads look like, where to put them, simulate how to connect.
- Is someone there who is familiar with the AED?



References

- American Heart Association. (2018). CPR facts and statistics. Retrieved from https://cpr.heart.org/AHAECC/CPRAndECC/AboutCPRECC/CPRFactsAndStats/UCM_475748_C PR-Facts-and-Stats.jsp
- Benjamin, E. J., Blaha, M. J., Chiuve, S. E., Cushman, M., Das, S. R.,...Muntner, P. (2017). American Heart Association statistical update: Heart disease and stroke statistics. Circulation, 135, e146-e603.
- ▶ Bobko, J. P., Harris, W. J., & Thomas, S. (2016). The first care provider system: Improving community resilience for unexpected disasters. *EMS World*, 45, 32-38.
- Carrico, D. J. (2003). Hands-on care: Does your church need an AED? Journal of Christian Nursing, 20, 16-17.
- Centers for Disease Control and Prevention. (2018a). Statistics of the state of Alabama. Retrieved from https://www.cdc.gov/nchs/pressroom/states/alabama/alabama.htm
- Centers for Disease Control and Prevention. (2018b). Statistics of the state of Mississippi. Retrieved from https://www.cdc.gov/nchs/pressroom/states/mississippi/mississippi.htm
- DeHaven, M. J., Hunter, I. B., Wilder, L, Walton, J.W., & Berry, J. (2004). Health programs in faith-based organizations: are they effective? *American Journal of Public Health*, 94, 1030-1036. https://doi.org/10.2105/AJPH.94.6.1030
- ► East Booneville Baptist Church. (2018). Our mission and beliefs. Retrieved from http://www.eastbooneville.com/

References continued

- Faith-based organization. (2016). Retrieved from https://www.encyclopedia.com/education/encyclopedias-almanacs-transcripts-and-maps/faith-based-organizations
- Ferratini, M., Moraschi, A., Ripamonti, V., Giannuzzi, P., Lorito, F., De Luca, G., Grieco, N., Sesana, G. & De Maria, R. (2010). Cardiac death prevention by automated defibrillators in churches: Rationale and design of the CHURCH trial. American Heart Journal, 159, 170-175.
- Gyllenborg, T., Granfeldt, A., Lippert, F., Folke, F., & Riddervold, I. S. (2017). Quality of bystander CPR during real-life out-of-hospital cardiac arrest. *Resuscitation*, 120, 63-70. doi:10.1016/j.resuscitation.2017.09.006
- Hurst, J. L. & George, J. P. (2009). Preparing communities: The critical integration of faith-based organizations into emergency planning and response. *Journal of Emergency Management*, 7, 11-20.
- Levin, J. (2016). Partnerships between the faith-based and medical sectors: Implications for preventive medicine and public health. *Preventive Medicine Reports*, 4, 344-350.
- Mani, G., Danasekaran, R., & Annadurai, K. (2014). Bystander cardiopulmonary resuscitation: Equipping communities to save lives. *Progress in Health Sciences*, 2, 190.
- McCabe, O. L., Perry, C., Azue, M., Taylor, H. G., Gwon, H., Mosley, A., Semon, N., & Links, J.M. (2013). Guided preparedness planning with lay communities: Enhancing capacity of rural emergency response through a systems-based partnership. *Prehospital and Disaster Medicine*, 28.
- Mircea, O., & Sabau, H. (2006). The priests and church personnel training for BLS and AED first responders. *Resuscitation*, 70, 328.

References continued

- Morais, D. A., Carvalho, D. V., & Correa A. R. (2014). Out-of-hospital cardiac arrest: Determinant factors for immediate survival after CPR. *Revista Latino-Americana Enfermagem*, 22, 562-568.
- Oberleitner, M. G. (2014). Theories, models, and frameworks from leadership and management. In M. McEwen & E. M. Wills (Eds.), *Theoretical Basis for Nursing* (4th ed., pp.354-385). Philadelphia, PA: Lippincott Williams & Wilkins.
- Ramsbottom, A., O'Brien, E., Ciotti, L., & Takacs, J. (2018). Enablers and barriers to community engagement in public health emergency preparedness: A literature review. *Journal of Community Health*, 2, 412.
- Russo, R. M. (2017). Making minutes matter. Military Medicine, 182, 1749-1751.
- The medical response team. (n.d.). Retrieved from https://www.ides.org/uploads/5/4/5/7/54577967/medical_response_team_2.pdf
- Timmons, S., & Crosbie, B. (2014). Why do organizations implement automated external defibrillators? *Health*, *Risk & Society*, 16, 355-369. https://doi.org/10.1080/13698575.2014.926314
- Whitt-Glover, M. C., Porter, A. T., Yore, M. M., Demons, J. L., & Goldmon, M. V. (2014). Utility of a congregational health assessment to identify and direct health promotion opportunities in churches. *Evaluation and Program Planning*, 44, 81-88.
- Wordsworth, H. (2014). Health ministry through local faith communities: A European perspective. *Community Practitioner*, 87, 24-27.

Any Questions?



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