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Lavonne M. Adams

Texas Christian University Harris College of Nursing & Health Sciences, L.adams2@tcu.edu


Susan M. Weeks

Texas Christian University Harris College of Nursing & Health Sciences

Lisa Smith

University of North Texas Health Science Center at Fort Worth, lisa.smith@unthsc.edu

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MULTIDISCIPLINARY TEAM RESPONSE TO SUPPORT SURVIVORS OF MASS CASUALTY DISASTERS

Lavonne M. Adams, PhD, RN, CCRN, Texas Christian University Harris College of Nursing & Health Sciences, Fort Worth, TX
Susan M. Weeks, DNP, RN, CNS, LMFT, FAAN, TCU Harris College of Nursing & Health Sciences, Fort Worth, TX
Lisa Smith, MLS, Gibson D. Lewis Health Science Library, University of North Texas Health Sciences Center, Fort Worth, TX



ABSTRACT

Disaster response begins at the local level, but when needs are immense, promoting effective care and recovery for survivors may require activation of multiple systems from other parts of the country or even the world. One technique humanitarian response organizations may use to integrate services is formation and deployment of multidisciplinary response teams. Literature suggests the need for integrated assessment of disaster survivors and collaborative response efforts (1). Although multidisciplinary teams in health care are prevalent, their use in disaster has been less frequently studied. Our systematic review seeks to synthesize evidence about effectiveness of multidisciplinary team response to mass casualty disasters.

BACKGROUND AND PURPOSE

Mass casualty disasters pose unique challenges, as survivors may be dealing not only with their own physical and/or psychological trauma, but also with the loss of family members and friends (2). Multidisciplinary response teams may be used to support individuals who survive such disasters. Team members include individuals trained to respond to and provide referrals for the physical health, mental health, and financial needs of disaster survivors; additionally, the Integrated Care Team (ICT) model utilized by the American Red Cross may include individuals trained to respond to spiritual needs (3). To aid in future planning, deployment, and evaluation of these specialized teams, the systematic review was designed to identify effectiveness of multidisciplinary team response on the resolution of immediate needs and support perceived by survivors of mass casualty disasters.

METHODS AND PROCEDURES

Inclusion Criteria

Studies published between 1995 and 2012 evaluating effectiveness of multidisciplinary response teams on the well-being of survivors of mass casualty disasters.

Search Strategy

The systematic review involves a multi-step search strategy:

- Initial limited search of MEDLINE, CINAHL, PsycINFO, EMBASE, and SocIndex, followed by analysis of text words in the title and abstract and index terms describing the article
- Second search using identified key words and index terms in the same databases, with the addition of MEDNAR for unpublished studies
- Search of the reference list of all identified reports and articles for additional studies

Studies identified during the search are in process of being screened for relevance based on title, abstract, and descriptor/MeSH terms, with obviously irrelevant citations being eliminated on basis of title review. A full manuscript will be retrieved for studies meeting the inclusion criteria.

Appraisal

Studies selected for retrieval will be assessed by two independent reviewers for methodological validity using standardized critical appraisal instruments from the Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI).

Data Collection

Data from papers to be included in the review will be extracted by two reviewers independently using the standardized data extraction tool from JBI-MAStARI.

Data Synthesis

Quantitative data will be pooled in statistical meta-analysis using JBI-MAStARI when possible; when not possible, findings will be presented in narrative form.

A full description of the systematic review protocol is available in the JBI Database of Systematic Review & Implementation Reports (2).

RESULTS

Preliminary Search Results

- 16,223 references identified through database searching
- 15,899 culled due to irrelevance or failure to meet inclusion criteria
- 327 retained for full review of full abstract and index terms
- 5 retained for possible consideration of full article retrieval

RECOMMENDATIONS AND CONCLUSIONS

The systematic review remains ongoing, thus the following recommendations are based on preliminary findings.

- Preliminary search results suggest a data gap exists in evidence related to effectiveness of multidisciplinary team response
- To confirm presence of a data gap or locate any additional evidence, additional search strategies should include
 - addition of the database Sociological Abstracts
 - another detailed search process with inclusion dates of 2013-2015
- Further study into effectiveness of multidisciplinary team response should be undertaken.



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