



Healthcare System Readiness

BACKGROUND

Many parts of the U.S. remain unprepared for emergencies. This is despite the development of cross-sector programs to improve the nation's preparedness capabilities during national and regional emergencies such as bioterrorism, disease outbreaks, and inclement weather.¹ Results from the 2017 National Health Security Preparedness Index indicate preparedness improvements; however, there are still large differences in preparedness capabilities across the U.S. with some regions lagging significantly behind the rest of the nation.²

The current landscape of healthcare system readiness includes critical and relevant metrics for public health and disease surveillance programs. However, few metrics exist for healthcare facilities, healthcare systems, or communities to assess and evaluate readiness for a rapid or slow onset influx of unscheduled acute visits, or the structural challenges (flooded basements, loss of power) and operational challenges (staffing, surge capacity) to maintaining high-quality operations.

COMMITTEE CHARGE

NQF will convene a multistakeholder Committee to:

- Define the concept of readiness for hospitals, healthcare systems, and communities;
- Guide and provide input on an environmental scan of existing quality measures or measure concepts that focus on the readiness of hospitals, healthcare systems, and communities;
- Develop a measurement framework to guide healthcare systems in preparedness programs.

COMMITTEE STRUCTURE

Up to 25 individuals will be selected for the Committee for one year and will provide input and feedback on the environmental scan and measurement framework.

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the

¹ The Robert Wood Johnson Foundation. *The National Health Security Preparedness Index: Summary of Key Findings*. National Health Security Preparedness Index. https://nhspi.org/wp-content/uploads/2017/08/NHSPI2017_Key-Findings_8_10.pdf. Published April 2017.

² National Academies of Sciences, Engineering, and Medicine. *Examining Challenges and Possible Strategies to Strengthen U.S. Health Security: Proceedings of a Workshop*. Washington, DC: The National Academies Press; 2018. <https://www.nap.edu/read/24856/chapter/2>.

course of the project, additional calls may be scheduled, or calls may be rescheduled based on project needs; new dates will be set based on the availability of the majority of the Committee.

Committee participation includes:

- Nine two-hour web meetings

Table of scheduled meeting dates

| Meeting | Date |
|----------------------------|--|
| Orientation Meeting | September 12, 2018, 1-3 pm ET |
| Webinar #2 | October 11 2018, 12-2 pm ET |
| Webinar #3 | November 15, 2018, 2-4 pm ET |
| Webinar #4-6 | January 9, 2019, 2-4 pm ET; January 10, 2019, 2-4 pm ET; January 11, 2019, 2-4 pm ET |
| Webinar #7 | January 28, 2019, 2-4 pm ET |
| Webinar #8 | February 26, 2019, 2-4 pm ET |
| Webinar #9 | May 9, 2019, 2-4 pm ET |

PREFERRED EXPERTISE AND COMPOSITION

Committee members are selected to ensure representation from a variety of stakeholder groups, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

NQF is seeking those with expertise in healthcare system preparedness, trauma, emergency care, care coordination, and experience managing natural and man-made disasters. Those serving on previous relevant committees such as those for Care Coordination, Emergency Department Transitions of Care, Infectious Disease, Population Health, Patient Safety, and Regionalized Emergency Medical Care Services may also be considered for this group.

Please review the NQF conflict of interest policy to learn about how NQF identifies potential conflict of interest. All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals are not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Healthcare System Readiness Committee, please **submit** the following information:

- a completed [online nomination form](#), including:
 - a brief statement of interest
 - a brief description of nominee expertise highlighting experience relevant to the committee
 - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
 - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates.

DEADLINE FOR SUBMISSION

All nominations **MUST** be submitted by **6:00 pm ET on July 31, 2018**.

QUESTIONS

If you have any questions, please contact Poonam Bal or May Nacion, at 202-783-1300 or readiness@qualityforum.org. Thank you for your interest.