



# Healthcare System Readiness Web Meeting #3

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# Agenda

- Roll Call
- Framework Outline
- Committee Discussion
- Opportunity for Public Comment
- Next Steps

# Project Staff

- Debjani Mukherjee, MPH, Senior Director
- Jesse Pines, MD, Consultant
- Poonam Bal, MHSA, Senior Project Manager
- May Nacion, MPH, Project Manager
- Navya Kumar, MPH, Project Analyst

# Committee Members

- Paul Biddinger, MD (*co-chair*)
- Margaret Weston, MSN, RN, CPHQ (*co-chair*)
- Scott Aronson, MS
- Sue Anne Bell, PhD, FNP-BC, NHDP-BC
- Emily Carrier, MD, MSc
- Cullen Case, EMPA, CEM, CBCP, CHEP, SCPM
- Barbara Citarella, RN, MS, NHDP-BC
- Katelyn Dervay, PharmD, MPH, BCPS, FASHP
- Alexander Garza, MD, MPH
- Jennifer Greene, MA, LPC
- Angela Hewlett, MD, MS
- Feygele Jacobs, DrPH, MPH, MS
- Mark Jarrett, MD, MBA, MS
- June Kailes
- Matthew Knott, MS, EFO, CFO, CEM, CEMSO, FM
- Stacey Kokaram, MPH
- Steven Krug, MD
- Nicolette Louissaint, PhD
- David Marcozzi, MD, MHS-CL, FACEP
- Glen Mays, PhD, MPH
- James Paturas, MPA
- Patrick Reilly, MD
- Marcie Roth
- Lucy Savitz, PhD, MBA
- Jay Taylor, MSgt

# Framework Outline

# Environmental Scan vs Measurement Framework

Environmental Scan	Measurement Framework
Review of <u>existing</u> literature, measures, and measure concepts	A conceptual model for organizing ideas about what is important to measure for a topic area and how measurement should take place
Provides a comprehensive, summary overview of the field as it stands currently	A future-facing document containing both existing and aspirational components
Serves a foundation for the development of the Measurement Framework	Built on existing literature and expertise, but not bound by current publications

# Measurement Framework

- A Measurement Framework is a conceptual model for organizing ideas about what is important to measure for a topic area and how measurement should take place.
  - ▣ Frameworks provide a structure for organizing currently available measures, areas where gaps in measurement exist, and prioritization for future measure development.
  - ▣ Measurement framework domains and subdomains are essential categories (domains) and subcategories (subdomains) needed to ensure comprehensive performance measurement for a topic area.

# Definitions

- **Domain** is a categorization/grouping of high-level ideas and measure concepts that further describes the measurement framework.

**Subdomain** is a smaller categorization/grouping within a domain.

- **Measure** is a fully developed metric that includes detailed specifications and may have undergone scientific testing.
- **Measure concept** is an idea for a measure (or a description of an existing or potential assessment tool or instrument) that includes a description of the measure, including planned target and population.



# Definitions

- **Healthcare System:** delivery of healthcare services that promote continuity and timely emergent care across multiple providers and institutions as a whole

# Definitions

## ■ Readiness:

- ▣ *The ability of hospitals, healthcare systems, and communities to rapidly identify, evaluate, and react to a wide spectrum of emergency conditions.*
- ▣ *Being fully prepared for an unforeseen event such as an emergency and/or hazardous situation.*
- ▣ *Literature defines readiness as a composite construct where all parties involved such as individuals, agencies, and organizations are available and prepared for prompt action, service, or duty and possess all human and material resources necessary for timely responses.*

# Proposed Framework for Healthcare System Readiness

## **Scope:**

- Focus on the quality measurement of healthcare delivery by the healthcare system prior to, during, and after natural and manmade disasters.

## **Purpose:**

- To serve as a conceptual framework and guidance for future development of readiness measures
- To facilitate systematic prioritization of measures and/or measurement areas

# Components of Preparedness Frameworks

Framework	Description
Common Ground Preparedness Framework	Pre-incident, incident, and post-incident in the following domains: prepare; monitor; investigate; intervene; recover; and manage
FEMA/DHS National Planning Frameworks	There are frameworks for each preparedness mission area and in each describe how the whole community works together to achieve the National Preparedness Goal. Frameworks include: Prevention; Protection; Mitigation; Response; and Disaster Recovery.

# Components of Preparedness Frameworks

Framework	Description
National Health Security Strategy and Implementation Plan	<p>The goal of the NHSS is supported by five strategic objectives:</p> <ol style="list-style-type: none"><li>1. Build and sustain healthy, resilient communities.</li><li>2. Enhance the national capability to produce and effectively use both medical countermeasures and nonpharmaceutical interventions.</li><li>3. Ensure comprehensive health situational awareness to support decision making before incidents and during response and recovery operations.</li><li>4. Enhance the integration and effectiveness of the public health, healthcare, and emergency management systems</li><li>5. Strengthen global health security.</li></ol>

# Components of Preparedness Frameworks

Framework	Description
National Health Security Preparedness Index (NHSPI)	<p>The Index's conceptual framework and structure were developed by a broad collection of health security and preparedness stakeholders and includes:</p> <ol style="list-style-type: none"><li>1. Health Security Surveillance</li><li>2. Community Planning &amp; Engagement Coordination</li><li>3. Incident &amp; Information Management</li><li>4. Healthcare Delivery</li><li>5. Countermeasure Management</li><li>6. Environmental &amp; Occupational Health</li></ol>

# Components of Preparedness Frameworks

Framework	Description
CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning	<p>Identifies 15 public health preparedness core capabilities:</p> <ol style="list-style-type: none"><li>1. Community Preparedness</li><li>2. Community Recovery</li><li>3. Emergency Operations Coordination</li><li>4. Emergency Public Information and Warning</li><li>5. Fatality Management</li><li>6. Information Sharing</li><li>7. Mass Care</li><li>8. Medical Countermeasure Dispensing</li><li>9. Medical Material Management and Distribution</li><li>10. Medical Surge</li><li>11. Non-Pharmaceutical Interventions</li><li>12. Public Health Laboratory Testing</li><li>13. Public Health Surveillance and Epidemiological Investigation</li><li>14. Responder Safety and Health</li><li>15. Volunteer Management</li></ol>

# Guiding Principles — “The What”

- Patient-Focused Readiness
  - ▣ *Readiness should focus on anticipated individual patient needs.*
- Capacity- and Capability-Focused Readiness
  - ▣ *Readiness should focus on maximizing institutional capacity and delivery of care.*
- Availability and Accessibility
  - ▣ *Care should not only be available but also accessible to populations that need it.*
- Maintenance of Health
  - ▣ *Maintenance of chronic health conditions is vital (e.g., dialysis; COPD; heart failure; mental health; etc.); the focus cannot only be on patients directly affected by the hazard.*



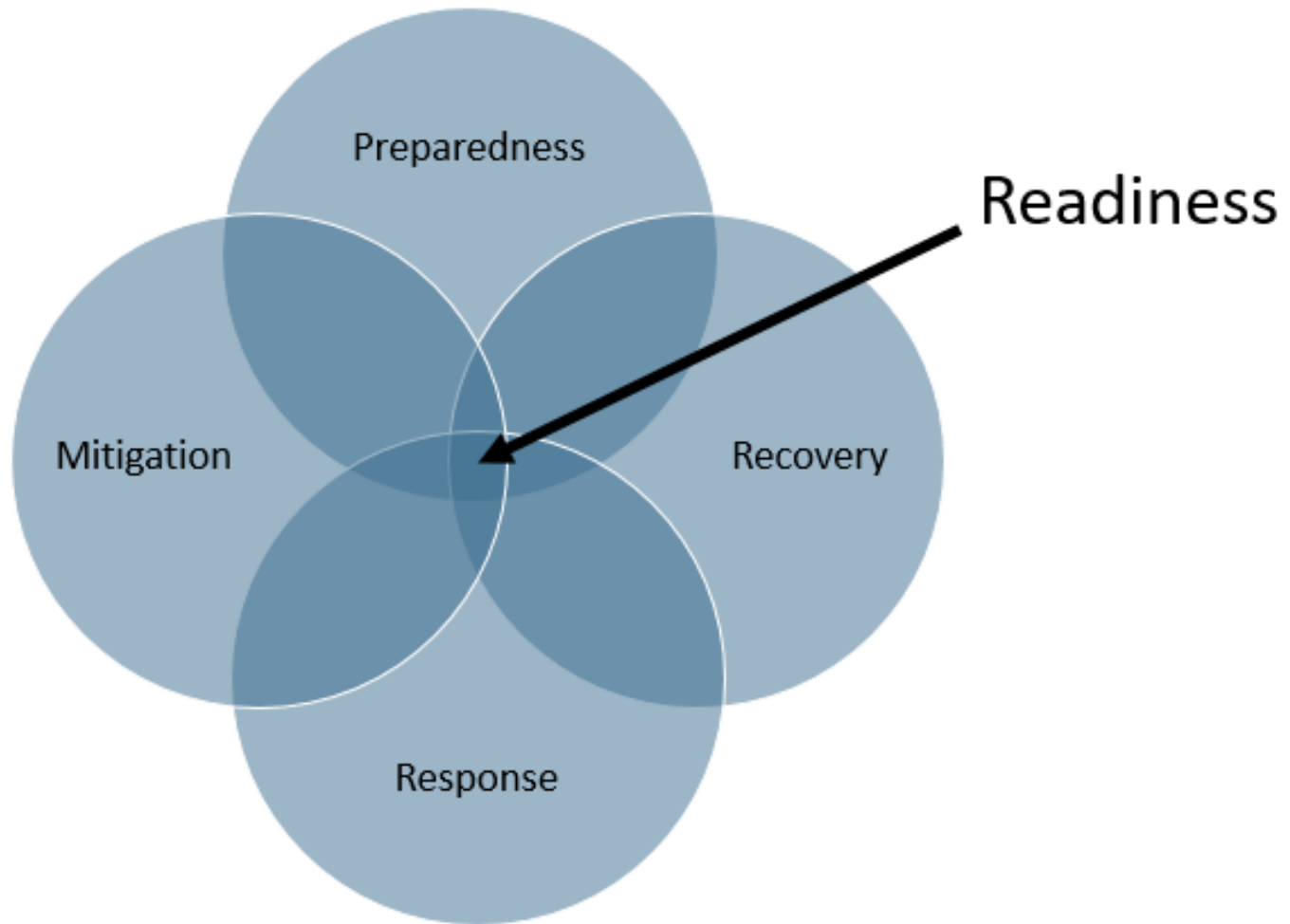
# Guiding Principles — “The Where”

- Care Beyond Hospitals
  - ▣ *Care can and will be delivered across settings (hospitals, clinics, in the field, at home); all of these entitles need to be taken into consideration when determining readiness.*
- Scalability
  - ▣ *Care capacity needs to be able to be increased/decreased based on the type of emergency*
- Geographical Considerations
  - ▣ *Readiness needs and resources will vary by geographic location.*
- Facility Size Considerations
  - ▣ *Larger versus smaller facilities may have different capabilities and capacities to handle care.*

# Guiding Principles — “The How”

- Communication Among Entities
  - ▣ *Information sharing about capacity and resources among independent entities is crucial.*
- Preparing for the Known and Unknown
  - ▣ *Organizations need to prepare for all hazards, which may include potentially anticipated events (e.g., hurricane) and unanticipated events (e.g., bioterrorism).*
- Maintenance of Preparedness
  - ▣ *Preparedness should be a consistent focus of organizations. Being prepared is different than staying prepared.*
- Retroactive Measurement
  - ▣ *It is difficult to truly gauge if an entity is prepared until after the hazard; organizations need to be reviewed before and after disasters to determine readiness.*

# Proposed Framework Design

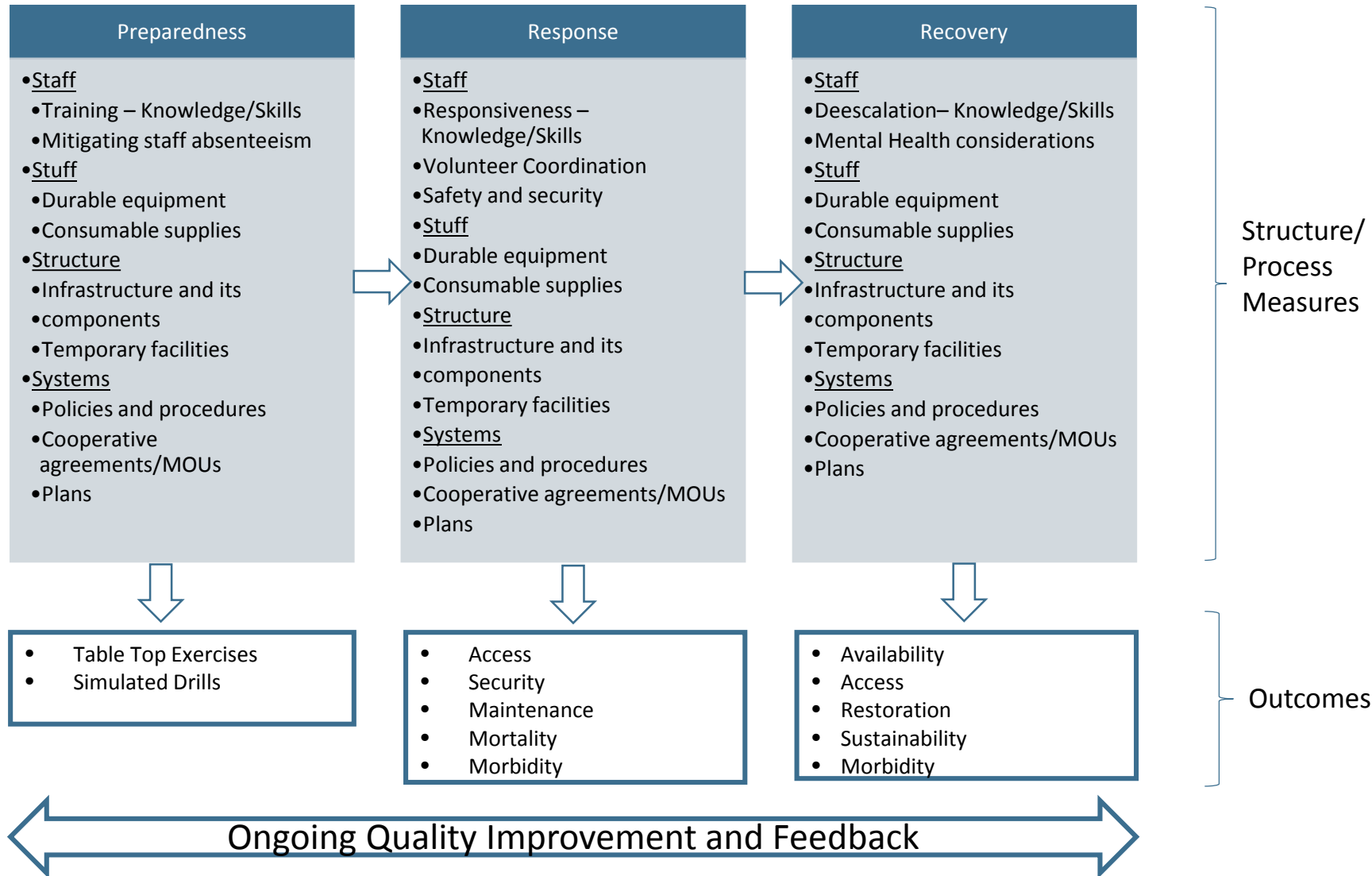


# Proposed Framework Design

- 4 S's\*
  - ▣ *Personnel (staff)*
  - ▣ *Supplies and equipment (stuff)*
  - ▣ *Facilities (structure)*
  - ▣ *An overarching management system (system)*
  
- Donabedian framework
  - ▣ *Preparedness, response, recovery = process and structural measures*
  - ▣ *Readiness = outcome measures*

\*Schultz CH, Koenig KL. State of research in high-consequence hospital surge capacity. *Acad Emerg Med.* 2006;13(11):1153-1156. <https://doi.org/10.1197/j.aem.2006.06.033>.

# Proposed Framework Design



# Committee Discussion

# Discussion Questions – Guiding Principles

- Are there any guiding principles missing? Any that should be removed or updated?
- Are the descriptions of each guiding principle clear and accurate?
- Who enforces and at what level should we think about measuring? Who is accountable?—lead to a practical pathway to creating measures; the ‘what are we going to do with this’

# Discussion Questions – Domains

- What are the most important aspects of readiness that should be measured?
- What are the things that can be measured now?



# Discussion Questions – Subdomains

- What are the most important elements of the domains identified?
- What are the structures/process/outcomes that can be measured within these subdomains?
- What else is important?

# Opportunity for Public Comment

# Next Steps

- Web Meeting 4-6
  - ▣ January 9-11, 2018 at 2-4 pm ET

# Project Information

- Email: [readiness@qualityforum.org](mailto:readiness@qualityforum.org)
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- Project page  
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