NATIONAL QUALITY FORUM

Moderator: Sheila Crawford
January 11, 2019
1:00 pm CT

Poonam Bal: Hello everyone, this is Poonam Bal from NQF. I know we are at start time. We are going to be starting just a couple of minutes and just to let everyone know. Please be patient with us in the meantime. Thank you.

Hi everyone. Welcome to the third day of the Healthcare System's - System Readiness Web Meeting Series. It's been a great past couple of days. We've had some great discussions.

This is Poonam Bal from the National Quality Forum. And I was hoping to finish up our last (unintelligible) today's system.

Before we start that discussion, we do want to do a quick roll call to make sure we have members of our panel - I'm sorry, committee, on. I'll give it to Navya to start that.

Navya Kumar: Thank you, Poonam.

Okay, Paul Biddinger?

Paul Biddinger: I'm here.

Navya Kumar: Thank you. Margaret Weston?

Margaret Weston: I'm here.

Navya Kumar: Scott Aronson?

Scott Aronson: Here.

Navya Kumar: Sue Anne Bell?

Sue Anne Bell: Here.

Navya Kumar: Emily Carrier? Cullen Case?

Cullen Case: Here.

Navya Kumar: Barbara Citarella?

Barbara Citarella: Here.

Navya Kumar: Katelyn Dervay?

Katelyn Dervay: Here.

Navya Kumar: Alexander Garza?

Alexander Garza: Here.

Navya Kumar: Jennifer Greene? Angela Hewlett?

Angela Hewlett: Here.

Navya Kumar: Feygele Jacobs?

Feygele Jacobs: Here.

Navya Kumar: Mark Jarrett? June Kailes?

June Kailes: Here.

Navya Kumar: Matthew Knott? Stacey Kokaram? Steven Krug?

Steven Krug: I'm here.

Navya Kumar: Nicolette Louissaint? David Marcozzi? Glen Mays? James Paturas?

James Paturas: Here.

Navya Kumar: Patrick Reilly? Marcie Roth?

Marcie Roth: Hi there.

Navya Kumar: Lucy Savitz? Jay Taylor?

Jay Taylor: I'm here, but only on the call. I was not able to get online today.

Navya Kumar: Okay, thank you Jay.

And back to you, Poonam.

Poonam Bal: Okay, thank you.

So we will continue the discussion on systems. So with that, I'll actually give it to our co-chairs, Paul and Margaret.

Paul, I believe you wanted to do a quick intro.

Paul Biddinger: Yes. I think - thanks everyone. I would agree with what has been said already that the last two days really have been a great discussion. I really appreciate everybody's comments and viewpoints and suggestions so far.

And today I think is a really important discussion. Everybody has probably been looking forward to it, that much of - some of the meat of some of the hardest to address topics I think falls under systems.

And so today, we're going to be going through the same discussion as we did for the other (hot topics) in space - subdomains, excuse me - and we're going to talk about the subdomain under systems.

So just to refresh everyone's minds from yesterday, there are several different domains, subdomains that have been identified within systems; community assessments, evacuation and response plans, communications plans both in external and internal, cooperative agreements, policies, staff survey tool for after action evaluation, emergency communication and warning systems, and testing of functional and full scale exercises.

So Margaret is going to lead the discussion of the subdomains, and then the measure concepts - the measures for this domain. But just as we have been

doing for the previous domains and subdomains, certainly really want to encourage everyone to get as much feedback if you can on both the concept of the subdomains that we have; are we missing anything, do we have additions we need to make, and also just the wording of these subdomains we need - what changes need to be made to make them reflect the comprehensive nature of the framework that we're shooting for.

So with that, I'll turn it over to Margaret and I look forward to a great discussion.

Margaret Weston: Thanks Paul, and good afternoon everybody. I'm so glad that you could join on this Friday.

Before we get started and open the conversation, I just wanted to comment on yesterday's discussion.

There were two things that really resonated that I just - I thought would be a good reminder as we start today's discussion. And the first thing is really that feasibility of measurement discussion that we had yesterday, really thinking through the value of the measurement - measure concept in the terms of is it actually feasible to collect that information, where would that information be collected, and then who would be accountable for that information. That really resonated with me and our thoughts yesterday.

And then really looking not only just the process measures that we could be developing, but looking at it from an outcomes perspective, and keeping that in mind as we talk about, especially the measure of concept is, is there an opportunity to really come at that from an outcomes perspective.

So those are the kind of the two things that I just ask you to think about today as we're having the discussion. And I want to open up on just the proposed subdomain discussion. I would love to hear your thoughts on have we captured those things that are pertinent and relevant in assuming it is an all-encompassing, we have a lot of things that overlap and come into this domain.

So I really am looking forward to your feedback whether this has captured kind of where we're going, and what other ideas under subdomains, or things that we need to add.

So I'd like to open it up for discussion.

And just as a reminder, if you can raise your hand, that way we can kind of call on you in some kind of orderly way.

All right, Marcie, I see your hand is raised.

Marcie Roth: Hi everybody. So as we're looking at all of these, I think one of the things that we're going to be particularly interested in, there are some terms that are used throughout that I hope we're going to be able to define those in a way that helps what we're trying to do.

So vulnerable populations means different things to different folks. And in the universe that I work in, vulnerable population is actually not a helpful term.

At risk individuals, so there's a definition of at risk individuals in (process). But unfortunately, that definition is so all-encompassing that it's not especially helpful.

And then issues around patients versus people.

So I'm hoping that as we talk about all of these, we might be able to air it out, some of the language use to drive common understanding, and then as well I think having an opportunity to get clear about the crisis standards of care - what we're meaning, because that also has some variety of definition.

Margaret Weston: Thank you, Marcie. I think that's a great point. When we're looking at those terms and those definitions, it helps really bringing the scope of things. So I think that's a great comment, and appreciate your input.

Jim, I think you're next.

James Paturas: Thank you. Can you hear me Okay?

Margaret Weston: Yes.

James Paturas: Under the - first, when you talk about community assessment, I think all of the information that's listed is fine. You might want to just change the word lost of electricity to loss of electricity.

But I think the question I have, and maybe it's on the following slide where you talk about policies external and internal is when I think about this whole process and the importance that hospitals and health systems, and all the other partners play in truly being prepared and being resilient in establishing message and all that -- one of the things I think about in systems that may be implied here, and the question then becomes (that's deferred) to flesh out is what other operational and planning systems exist?

And so for instance, you can argue that the new process around healthcare coalition is a system that is being put together by the federal government right now to improve the way we all play in the (sandbox).

And so having said that, I'm just - it's not clear to me here that that level of the system sub-bullet if you will is defined, again unless we're just lumping it under this term policy. And I know even that is a questionable term because is it truly a policy, or is it a standard operating procedure, is it a plan. And I know those terms are sometimes used interchangeably.

So I don't want to take up a lot of time. Just suffice to say I think the important point is that when I think of systems, one of the things that's glaringly missing here for me is those existing systems that allow us to plan and work together. And you could argue again that many of these sub-bullets interact with that; cooperative agreements, emergency communications. All of those are elements of that. I'll stop there. Thank you.

Margaret Weston: All right. Thank you very much. I think that's really an excellent point, is the ability to work together has become - from that planning process. So how we look at that and how do we measure that across entities, I think is a very important point.

I do not ...

James Paturas: If I'm still on, to your point - and I apologize for interrupting. To your point, it's not just even about planning anymore because that's - we're all aware the federal government has over the last couple of years tried to move the planning initiatives over the last 10 or 15 years to a more operational response. And in fact, that's kind of part of the genesis of the healthcare coalition.

So I think it's not just the planning, but the systems involved in when we actually - the plan does go up and the balloon does go up, how do we try to do the best we can to work within the existing systems and making sure that we realize that there are different systems, and to make sure that it's best we can to integrate into those so that the right hand does know what the left is doing as best they can. I'll stop there. Thank you.

Margaret Weston: Great point. Thank you very much.

Other hands? Other discussion around these particular subdomains? Is there anything else that we're missing or that we're looking to add to this?

There we go. I got the domains, the subdomains back up.

As you look at these, do you think that we have included everything from the higher level that we need to add? Are there other things, other subdomains that you think need to be included?

Navya Kumar: Hi Margaret. Actually - sorry, I switched that I know I told you I'd let you move it around.

That's actually a comprehensive list of all of the subdomains. That one slide only has the first three.

So this one is ...

Margaret Weston: Thank you very much. That's wonderful. That's much easier to work at.

Navya Kumar: Yes, sorry. I do not ...

((Crosstalk))

Margaret Weston: No, that's great. Thank you.

I was trying to toggle back and forth to let everyone see them all. So this is perfect. So please, the floor is open. Are there any other - I see Scott. Let's go to you.

Scott Aronson: Sure.

So I guess I'm just going to put something out there a little bit. I'm not sure how to - how and where we incorporate technology into this. So we know that we're moving more and more to technology; electronic health records, mechanisms for communication. And we talk in terms here, we use - talk about systems and communication.

But most of this is around situational awareness. We have to have a mechanism for situational awareness for them to be able to drive what we're going to do and how we're going to handle the emergency.

So I guess that again, it may fall under some areas, emergency communications and warning systems. But those - trying to define where that comes in because we've moved so far in electronic health records and information there, yet in emergency management, we still have a lot of paper being pushed around, and granted that needs to be there for redundancy.

But I'm just interested with the group about how to pull that more front and center into here so that we're driving that because we want to be progressive

in looking at where emergency management should go for healthcare system readiness and not just keeping them at status quo.

Margaret Weston: So Scott, I think that's a great point. Do you feel that that should be its own separate subdomain from a technology standpoint, it kind of overrides over - it's like as an umbrella, so that we're looking at kind of all of those elements that fall under technology? Or do you feel like technology fits into each of these areas? What's your feel for that?

Scott Aronson: Well, I always have to - you kind of put on two hats in some of these that you don't want to come out with guidance that has technology as its own area, and then have the accrediting bodies and CMS and other groups put that in as standard or regulation or something when we know that it's just may be an enhancement or best practice.

But I think technology can fall into many of these areas. Having it front and center as its own topic would enable it to be something that is truly looked at as to how do we leverage technology to enhance our readiness, and then to complement our response and our recovery.

So from a level of being able to make sure it stands out, it should be its own area from a standpoint of saying it's a consideration to include in how you do this. It can be pieces of multiple groups that are there. So I'm really comfortable either way on it.

I often again just want to be cautious that we don't push red flags up with regulators and others that will look at them in the future.

Margaret Weston: Sure, absolutely.

So how do others feel about that particular issue of it really including it as part of the subdomains as we develop measure concepts, or does it really need to be called out and with some very specific ideas under that so that it doesn't raise those red flags with accreditation and regulatory bodies?

Jim, I think you are - your hand was up.

James Paturas: Yes, thank you. I would agree with Scott completely. And I do think that it should be at least for now, since we're in the developmental case in this instance. I think it should be its own subsection, subdomain under the technology.

And I think as Scott said, there are so - I mean, we are a technology (age), we all know that. I think the bigger issue is - and I'll use the word that we've used for many years is the interoperability of it. Because if you have all these technologies which will continue to have, and they'll grow and they'll expand, we know that if we are not interoperable at some level so we can share that information, then it doesn't benefit everyone the way it needs to.

So I really firmly believe that it could stand as its own subdomain, and I'm not as worried about the regulatory piece of those, Scott raises a good point. And again, I'm making the assumption that within this entire process we're undertaking here, we will have some caveats placed into this so that regulators or accreditation bodies use this as a tool but not as a report card if you will.

Margaret Weston: Sure, sure. Thank you. Great insight. Cullen, I believe that you are our next.

Cullen Case: So thank you. Both Scott and Jim had some great comments in that area. And my first thought was to agree with both of them really was that - was worried about kind of (vacuum) an organization into a corner where it's going to be

written in just some kind of a checklist or audit that means that they have to implement things that maybe didn't need to be done. They're doing improvements just for the sake of improvements versus necessary ones.

So maybe there's a way of incorporating of continuous improvement process to better evaluating and (improve) the non-existing systems for future needs or something like that.

And I think to Jim's point, interoperability is important. It's a complex one though, just trying to think of electronic medical records with to where do you (sync) your treatment network. We're trying to get medical orders for multiple hospital systems and one's in center, and one is in their own in-house developed system. So trying to do that is difficult. It might be easier within coalition (sub).

But I think I agree with Jim at this point to keep it kind of subdomain, brainstorm what would be in there and then see where the chips fall afterwards. I think it should be consolidated or/and (separate) each one. Thank you.

Margaret Weston: Thank you very much. Excellent feedback.

Jennifer, I believe your hand is up.

Jennifer, are you on mute?

Hello?

Jennifer Greene: Can you hear me now?

Margaret Weston: Yes, thank you.

Jennifer Greene: Okay. Sorry, it took me a second to get off mute.

Margaret Weston: That's okay.

((Crosstalk))

Jennifer Greene: …along the same lines for technology.

I definitely agree it should be some separate subdomain. And this is where - as we're looking at a tool that can be used in different regions of the area that we have to be mindful of the fact that different states are at different points of readiness.

For example in North Carolina, they have not gone the full requirement for information health exchange yet for medical providers. So there are several that aren't even on electronic health record yet, so being mindful of how to raise that based on where we are in the country.

I do also know from the (mental health) world, we run into the same problems. So as mentioned a bit ago, that even when we have cooperating providers like on a joint project, our biggest obstacle has been the fact that everyone opt for different healthcare record - electronic health records for different reasons. And it's very difficult and very costly to have a system that communicates with each other.

So in terms of being sort of fact that what people do who fully transition and if that health record were to fail to do the power outages and things of that - and

technology (corrections), how to factor that into their planning process for their (state).

Margaret Weston: Excellent. Great, great insight.

Anybody else that you have something to share around technology, or are there other subdomains that you feel are missing here that you'd like to add?

June, I see your hand raised.

June Kailes: Okay. A couple of things. Under cooperative agreement, it might need to be plural. But does that include those community partnerships, and/or are those contracts, or is it all one and the same? That's one question.

And the other is under staff survey tool. That seems to be only one element of evaluation. There are (hub watches), there are all kinds of processes that's in discussion. So that stood out to me as maybe one of the granular points under something more - under evaluation.

Margaret Weston: Thank you. I think that some of that will probably - we'll talk about too under measure concepts when we get there. So I think just fleshing those out from a larger perspective will happen as we start talking measure concepts.

June Kailes: And the other point is, and it may just be me, is that so many of these issues blend. (I don't know) if we talk about how we can (personalize) it or (form) it, process or outcome. But the systems, the staff, the supplies, the structure, they just all blend and I don't think about it in terms of a grid that can - that (multiple technologies) under each category that applies across the board (unintelligible) (response), to recovery and mitigation.

So it just ...

Woman: I'm sorry to interrupt you. But it's very difficult to - can you hear some echo in the background? All right, it seems like ...

June Kailes: I'm actually hearing that too. Maybe I'll call back.

Woman: Okay. Thank you June.

((Crosstalk))

June Kailes: Is this better?

Woman: Yes June, thank you. Go ahead.

June Kailes: Should I start again or ...

Woman: I think we can - maybe just go back a little bit. There's an echo going on for a while and it's very difficult to hear you.

June Kailes: Thank you. I'm just thinking about how we can (personalize) this.

Are you still hearing an echo?

Woman: Yes, we are.

June Kailes: All right. Let me call back and raise my hand (again).

Woman: All right. Okay. Thank you June.

Margaret Weston: All right. Are there other comments? Other people that would like to weigh in on subdomains, the area of subdomains? Some great insights into what to be included in this area.

Scott, I see your hand up.

Scott Aronson: Sure. I was just going to add in the staff survey tool, (not sure) they referenced this. But that really should just fall under the testing of functional and full scale. I think that would be an element that comes out of that as another measure, not a standalone header.

Margaret Weston: Okay. So merge those two together? Have it as sub of the testing of functional and full scale.

Scott Aronson: Correct. Thank you.

Margaret Weston: All right. Thank you very much.

Other insights? Anybody else like to weigh in? I'm kind of hoping June joins again so we can finish her thought and then maybe move into the next area if we have no other additions.

Steven Krug: Hey, this is Steven Krug. I can't raise my hand because I'm just on the phone.

Margaret Weston: I'm sorry. Please. Please, join in.

Steven Krug: I didn’t want to interrupt.

And this is just a thought and others may not share their perspective on this. But from a systems perspective, instead of being (unintelligible) foundation

for the (whole thing), if you start to look through the measures that are there which has Steve had a point, if you have (unintelligible) whole aspects of your population.

So is this a place where one of the subdomains might be considerations for every population?

Margaret Weston: So expand on that a little. Because you've got to remember, these are the subdomains. So under those subdomains, the measure concepts could be more fleshed out.

So it's what you're thinking, sitting into one of the subdomains that are already listed, or are you thinking that it needs to be its own subdomain?

Steven Krug: I really think it needs to be its own subdomain because I think that - and there's evidence that this is happening right now out there that there's, systems, institutions, organizations and that plan - but don't have plans to really address the needs of their entire population. And obviously I'm specifically aware of issues related to pediatric readiness.

And so I mean yes, within the granularity of the measures, there are things regarding special populations. But my point is that in (all culture) at a higher level, putting that as an embedded concept with the systems domain was something might be (more ways to achieve that). (But that's a suggestion).

Margaret Weston: Okay, thank you very much.

Any other comments about that topic? Anybody want to still weigh in on how they feel about that?

Jennifer, I see your hand up.

Jennifer Greene: I actually had a different comment. The gentleman before was also echoing. So I'm wondering whether he was in a car or whether it has to do with the speaker system that they're using. If they're - like for example, if they're on their car or their Bluetooth and they're using over their car and the device with that might be producing the ...

Margaret Weston: The echo?

Jennifer Greene: Yes.

I just wanted to share that since it happened to two people, that that might be what's happening.

Margaret Weston: Thank you very much.

Barbara? Barbara, did you have a comment? I saw your hand raised there just briefly.

Barbara Citarella: I'm unmuting. Actually I think we're beginning to get feedback from everybody.

Margaret Weston: Okay, all right.

So is everyone hearing the echo? Is that an issue across the board when they unmute?

Woman: Yes.

Man: No. Mostly but not everyone.

Man: I think I heard from three people.

Margaret Weston: Okay, all right. Well I think we're continuing. If it continues to be a problem, please speak up. I don't want people not to be able to hear and respond.

So we're - I'd like to kind of wrap up the subdomains. I don't see a whole lot of hands raised for the continuing adding of the subdomains. I'd like to kind of move on if there's no other comments.

I don't know, June, were you able to join? Would you like to finish your comment if you were able to get back on?

June Kailes: How's this for sound? Better?

Margaret Weston: I'm not hearing the echo. So I don't know. If someone else can speak up, that would be great.

Woman: This is (unintelligible). Yes, we're no longer hearing the echo from June's line.

Margaret Weston: Excellent, thank you. All right June, please, finish your comment.

June Kailes: So the other comment was overarching, and that is that - and it may just be me, but I can feel that some of these issues (lend) - and I'm hearing the echo again. I'm going to try calling back (on the line).

Navya Kumar: Actually June, we want to be have you (go off). We're just going to go ahead and mute everyone's line to see maybe if (it's coming) out from your phone

but from someone else. Because we did get echoes from other lines. So give us one second.

Okay. And now we're going to unmute only June to see if it's still there. I mean, do you mind…

((Crosstalk))

June Kailes: The weather here is crappy.

Navya Kumar: Hi June. Go ahead and make your comment. Let's see if that echo has gone away now.

June Kailes: Okay. So back into my comment was only that I'm - how I contextualize all this. For me, maybe for others, I'm not sure - so much of this blends between systems and staff and supplies and structure, and between preparedness, response, recovery and mitigation that it's helpful for me to have a grid so I can actually compliment by seeing the (check) in all of the columns or rows that apply to this. Because I think when we (own) so many of these blends and the way that you show that in your parenthesis, but maybe a graphic, a way to show will also be helpful. That's it.

Navya Kumar: Thank you June. Sorry, it's so difficult for you to make your comment. Before we ...

June Kailes: Was that better?

Navya Kumar: Yes, that was wonderful. Thank you June.

June Kailes: Okay.

Navya Kumar: And then before we give it back to Margaret and Paul, we did have one more comment come into the chat from Scott where he said that he suggests moving emergency communications and warning systems under - as a measure concept under the communication plan.

And so with that, we're going to go ahead and unmute Margaret and Paul to continue the conversation.

Again, if you want to be unmuted, please just raise your hand and we can do that. Steve and (Jim), we know that you're only on your phones. So we'll go ahead and just unmute you. But if we're starting to echo, we may have to mute you again.

Sorry about all the issues. We'll try to figure out what's causing that and fix it for the future. But just so everyone know, if you (want) the webinar up while we're going through this, they could be causing the echo from your computers. So please make sure it's muted and then try not to do it on speakerphone if you can. I know it's going to be a (pain). So if you're speaking, please take yourself off of the speakerphone while you speak.

Let's try those tactics and hopefully we won't have issues.

Margaret Weston: Thank you.

All right. I think we're going to move on into looking at measure concepts. Just as a reminder, you do have the Word document. We will ask you to take a look at that and really frame your comments around that list that is within the Word document.

And so looking at the subdomains - actually let's move into the - from the four phase model; preparedness, response, recovery and mitigation. If we can look at the measure concepts piece and really focus on under each domain, what measure concepts need to be added, discussed from that Word document, from the list itself.

And if you are - if you have that up and you have it available, I know you may just be on the phone. The systems area is quite extensive. There's a lot of different measure concepts in the different phases.

So I'm going to open up the discussion and we'll try to capture - I know that there will probably be a lot of ideas here of fleshing out this (side of things). So please raise your hand and I open up the discussion.

All right, I'm not seeing any hands. I'm hoping that you have the Word document that has the list of measure concepts under the different phases.

We're looking at the preparedness, response, recovery and mitigation under that list.

I'm hoping that everyone has the Word document. If it's helpful, I can certainly list some of those off if you don't have access to the Word document, just let me know.

Navya Kumar: Margaret, while we're waiting for people to see if they have any suggestions, would you mind just kind of maybe talking about going through some of the overarching themes that are coming out of measure concepts are already there? Just to give everyone time to reflect on those.

Margaret Weston: Sure, absolutely.

I think a lot of those common themes have already been suggested here; information management, information sharing and communication, I think are very universal across all of the different phases, being able to look at again, the idea of business continuity and participation in coalitions.

Those seem to be not only common themes in other of the domains, but in the subdomain as well.

Looking at, let's see, from - I was interested in other domains didn't really have as much in the response area. This particular area does - looking at again, information sharing and looking at the quality of the medical care, focusing in on some of the specialty areas like pediatrics and behavioral health. So there's a lot of content in these particular phases for this - for systems, under the systems area.

Katelyn, I see your hand raised. Katelyn, are you able to come off mute?

Navya Kumar: Katelyn, go ahead and press star-seven to get off mute.

Katelyn Dervay: Hello?

Margaret Weston: We can hear you now.

Katelyn Dervay: Sorry. I have both my hands and that for my personal phone and not muted.

I think the only thing that I am missing, and I know - because we don't have updated with all the edits that we have from the other domains before.

But just in the subdomains talking about evacuation, but under recovery, there's nothing focused on the potential for evacuation versus some process. And potentially working with other facilities or having contracts.

It could be within other things, but I didn't see much in there throughout specifically mentioning the evacuation thought process.

Margaret Weston: Thank you. And just to clarify, you're talking about kind of the coordination across multiple entities from a system approach?

Katelyn Dervay: Correct. Like having - whether it's contracts to - and it's hard because I know we've talked about contracts and other things in other sections. But I just don't see that wording in that recovery section to focus on that contracts to move patients and having share affiliations with other facilities maybe for some of those patients that need specific needs, or helicopters.

I mean, we have contracts - we're on an island, so we have contracts with like, cranes and things like that.

So just something to think about that evacuation in the wording somewhere along the way.

Margaret Weston: Excellent point. Thank you so much.

Cullen, I believe you are next.

Cullen Case: Hi, thank you. Just two things that jumped out in preparedness section was the communications plans for internal and external. I think that should be under response (instead) of under preparedness.

And then I wasn't sure, why do we have there's three financial - so financial sustainability, (unintelligible) effort, adequate funding support, preparedness and cost of preparedness. Are those the measure? What's the difference between those three? Thank you.

Margaret Weston: So I believe this - the list that we're finding the phases actually came from the survey that we all did. I don't know if the NQF team can expand upon those ideas that there was anything behind those particular ideas?

Cullen Case: This is Cullen again. So I thought we need to consider consolidating those into one (result). Thank you.

Margaret Weston: Okay, great. Thank you.

All right, Jim, I see your hand raised.

Jim, are you able to take yourself off mute? And we are not hearing you. I don't know if your phone is muted as well as putting in the star-seven.

James Paturas: Can you hear me now?

Margaret Weston: Yes, thank you.

James Paturas: I apologize. What I was saying was that I have two - I've got the echo too. Let me see if I move away from the computer.

So we have two issues. One was a general issue regarding any of the measures. How are we validating the percentage we are going to ask for a number of (unintelligible) makes the difference? So that's a general question. I don't expect an answer today because it's a rather large question.

But how do we validate what these measures represent? So that's the first question.

The second question is regarding the recovery section. In some of the sections, there is either little to very - to no information regarding that. That's a bit concerning to me because recovery - we keep forgetting the recovery just for another phase. It's still going on, you're just recovering.

And for instance, to your earlier point about business continuity, to me that's exactly where the recovery actually could at least initially come from. So what is the ability of hospitals and health systems, or healthcare systems as we define them to truly recover?

And it would seem to me that if we can't do that, then in the long term, we're not (opening) ourselves, and if that's the case then we should at least figure out what we want to put in there as measure. And then for the same comment I made earlier, how do we validate that measure?

Margaret Weston: So I think that's a great point. And I think one of the things we have to remember is that we're actually building the framework. So in this work, in the scope of what we're doing, we're not narrowing it down to that specific measure. We're building the framework so that those measures can be developed, and then the validity piece, they can be tested.

So I think it's a great point. But I think we are kind of that next step higher of building that framework so those measures can be created and then validated. Does that answer the question?

James Paturas: It does for that one, yes. Absolutely.

Margaret Weston: All right.

James Paturas: But then the other question again goes back to the business continuity. Just think about it in terms of that recovery section. I just worry that historically - and we're getting better at it in hospitals and healthcare. We don't always think about recovery, and I think we've come to realize over the last at least 10 to 15 years that we need to pay close attention to it because it's another serious phase that can go on for many (record) days and months to years. And there are significant impacts to that.

And so ...

Margaret Weston: So are you suggesting we move that - I'm sorry, finish your thoughts.

James Paturas: Go right ahead. Go right ahead.

Margaret Weston: I'm just asking - just to have a clear picture of what you're saying is - are you saying that we should have some type of measure concept under that, specifically under that recovery phase?

James Paturas: That's correct.

Margaret Weston: Okay, wonderful.

Any other thoughts that you have?

James Paturas: No. I appreciate that. Thank you.

Margaret Weston: Thank you. Thank you very much.

Sue Anne?

Sue Anne Bell: (Unintelligible).

Margaret Weston: That's okay. I think there's kind of a delay in getting off of mute.

Sue Anne Bell: How about now?

Margaret Weston: Yes, I can hear you.

Sue Anne Bell: Okay. So just the first thing is small - but under response, the last bullet, is conducting a simulation and (might end up) just in the wrong place.

The second is cost of recovery. I'm wondering, it's one thing to directly measure the cost of the response. But the cost of recovery is often difficult to differentiate between where a response directly ends and where recovery starts. We general, we think about it as pretty fluid.

So I think that that is worth kind of mowing over on if you're going to include that how - oh gosh, now I hear the echo - how that might be adequately measured.

So another point is actually communication or thinking about some of these quality measures under response, like quality of behavioral healthcare, quality of communication. Are we - maybe we've already discussed this. But do we have ways to specifically measure that? Because if you think about presence of a system to communicate in different languages is really one measure of

quality of communication, depending on how you're looking at communication.

Or are we thinking about like did our radios work? That's kind of a measure of quality. Or did - how well did we actually interact and use our established partnerships in terms of quality of communication.

Margaret Weston: So I think that's a great question. Again, as we build the framework, those are the questions that we ask is, is there actually a quality measure that can be connected to that particular measure concept.

So I think that having all of these ideas is gathering as much insight as possible. And then some of that has to be verified as we move through the process; is it feasible, is it something that we look at a process or an outcome, and how is that data collected and who is accountable for those measures. All of those things have to be looked at along, but the way of the process.

But for now, I think it's just gathering the ideas around the measure concepts so that we have breadth and the expanse of all of your experiences so that we can look further and more in depth at what measures can actually be developed eventually on that backend.

NQF, I don't know if you would like to add to that or talk about that process.

Is the NQF team on mute?

Navya Kumar: Sorry Margaret. Could you repeat the question?

Margaret Weston: So there's a question about the development of the quality measures kind of on the backend and really looking at can they be developed from the overall concept that we were discussing currently.

It comes down to actually development of the measure or the metrics. How is what we're doing I guess feed into a feasible and validate metric?

I hope I summarized that the way that you had asked.

Sue Anne Bell: Maybe I could just sort of clarify is that some of these are pie in the sky. And I guess is right now what we're doing is including all our wishes and hopes and dreams that might be in a metric, and then being able to drill down to those as part of the feasibility process, then that's fine.

But I think that for many of these, or for some of these, the quality of communications specifically, we barely know how to do that in healthcare, period; adequately measure of quality of communication.

So given to that, something that's feasible and tangible, what is our goal in that?

Debjani Mukerjee: So this is Debjani. And I will - I (come) to answer your question.

I think the first thing is the goal of this sort of framework is to identify potential measure concepts that could and would down the road potentially be turned into metrics. So that's the first part.

The second part is we want to provide our CMS and ASPR colleagues with the list of measure concepts. And some of which are pie in the sky in sort of more systems, more sort of across the entire healthcare spectrum, and some

that are very practical, implementable, feasible, and sort of maybe just emergency-focused. So that provides them with those two.

And then what it also does is signal to measure developers, as well as funders that what kind of measures are needed to adequately address emergency situations. And based on sort of how the measure concept is presented, hopefully it also gives them an idea of how costly it might be because looking at a measure for just interoperability or communications which (tend to post) different aspects, different sectors and aspects of healthcare is probably way more complex and expensive than sort of looking at a hospital and what they can do as far as communicating with their staff.

So it differentiates the really complex pie in the sky ones from the feasible, easy ones from the feasible ones that are still complex.

So that's sort of the goal of what we're doing here. So does that answer your question?

And also it gives the government, as well as the private sector funders an idea of how much potentially they have to (present) on. So if they're having a robust set of measures that address emergencies and specifically readiness.

Navya Kumar: And then I will add just to Debjani's comments that the measures that we're coming up with now, this is more of a brainstorming session. We're trying to see what measures in your view as experts really need to be covered in order to understand if that system is truly ready for any.

So we're starting out with that. What (staff) will do is take that information, try to see what are still gaps, see whether there's too much overlap, or where we need to be a little more realistic and so on, and then we'll come back to

you with that information and help - get your help. And (as far as I) - let me see for that we are putting the focus on the most important things, what we need to get done now, what can be is more future-looking.

So right now, it's more of a brainstorming session just to get the ideas (out there) so we can have them ready. And then we can start going through and narrowing them down (unintelligible) 6 over others. Does that help?

Sue Anne Bell: Sure. Thank you.

Margaret Weston: Thank you. Thank you, team. Appreciate that clarification. That helped me quite a bit.

June, I see your hand raised.

June Kailes: (Where's) the echo? Okay. Hello?

Navya Kumar: Yes, we're not hearing the echo right now, June. Thank you.

June Kailes: Okay. One of the issues that I keep obsessing on is cost, which is embedding in processes, that really doesn't have any monetary cost, but have time investment in the process.

And my experience, that gets mixed up sometimes. And cost sometimes becomes the excuse for not embedding in a process which is more of a time cost than a monetary cost. So just something we need to be thinking about as a (helper).

Margaret Weston: So June, are you suggesting that as we look at the measure concepts that we can identify things not just monetarily but like from a resource perspective? Is that kind of what you're thinking?

June Kailes: A resource perspective, and also a - embedding it in the fabric of what gets done daily. When we think about IT, when we think about systems, that this is part of all of the equation where it's not always new equipment, or new PPEs, but it's about as we review in (operating) procedures we apply - we embed the issues of the (support), the (extra) cycle areas as well.

Margaret Weston: Okay, thank you very much.

All right, was there another comment?

Debjani Mukerjee: No. This is Debjani. I was just going to say we can always have a domain that has resource cost and (subsequently) we can have IT, staff, funding, things like that that are drilled down to the different types of resources that have a cost associated. And that can get to sort of viewpoint of looking at IT cost versus staffing cost, versus sort of things that are not necessarily - time cost, not necessarily monetary.

Margaret Weston: Sure. Great point, great point.

All right, I just want to keep the floor open, keep the discussion going. If there are measure concepts that you would like to add to these phases, or if you - as you read through the list, if you think some of them should be merged or added to other phases, we'd love to hear your inputs across the four phases.

And then also looking at from a measure concept perspective, are these concepts scalable and generalizable across all hazards? Are there any others

that we need to be adding to make sure that we're covering that all hazards approach?

I know that there's at least one person only on the phone. I just want to make sure if - that you can't raise your hand, that you have an opportunity to speak if you have any comments as well.

Steven Krug: Hey, this is Steven Krug, can you hear me?

Margaret Weston: Yes. Hi Steve.

Steven Krug: Thank you, thank you. I'm actually (unintelligible) on my computer.

But to your last point and into the conversation, I mean, getting back to the (unintelligible). I'm going to call back (unintelligible)

Margaret Weston: All right, thank you. While we're waiting for Steve to call back in, is there anybody else that would like to speak up?

James Paturas: This is Jim Paturas.

Margaret Weston: Hello?

James Paturas: Hello, this is James Paturas. Can you hear me okay?

Margaret Weston: Yes, we can hear you.

James Paturas: Okay. So I just have one thought because one of your comments you have made right before you asked the question was that you are trying to make use as general as you can for all hazards. And I don't disagree with that.

However, we're also aware of that there are uniquenesses in certain types of situations that require, that may require additional level of metric, of standard of response.

So I guess it's a general question to say how will we deal with those uniquenesses?

Margaret Weston: I think that's actually a great question. I would reflect that back into is there - within those unique hazards that we deal with, are there commonalities that we can create across the (hazard)? Just a general thought. Are there things within those unique events that we can pull out as commonalities?

James Paturas: There are plenty. I think as we all know, everything from - you could start at the beginning of how we collect information, how we share that information, how we notify people, how we respond within our incident management structures. So there are plenty of commonalities.

I guess - and I think that's a good thing. The question then becomes where there are - let's call it specialty areas, the uniquenesses - and I don't want to make this too complicated, I'm really just asking the question. How do we at least consider that at some point down the road?

Margaret Weston: And I would reflect on the NQF team is when we're looking at scope, is that really within the scope of this particular project, is to look at those unique thing, or is really the framework built on the common approach?

Debjani Mukerjee: So this is Debjani. The framework is meant to be at the common approach because it's supposed to be brought in and be applicable to any and all hazards. And maybe our colleagues from ASPR and CMS can address their

thinking of drilling down to a more specific nuance, emergencies down the road. But our task at hand for this project is to be broad and all-encompassing.

((Crosstalk))

James Paturas: Which is fine. So I guess that's fine. I can absolutely appreciate that.

It would then just strike me that at some point within this developmental process, we may want to just make a note to ourselves that within the body of the work that's completed, we need to talk about assumptions and our limitations. And that could be either one of those where we just make sure the people who can have this document for them understand that this was just general and that at some point down the road we may need to look at them again with some more unique specificity.

Margaret Weston: Thank you, great insight. All right, I see Steven's hand raised.

Steven Krug: Hi, can you guys hear me Okay?

Margaret Weston: Yes.

Steven Krug: Perfect. Okay.

So it's been a great discussion. So getting back to what I was saying before, I think that within the guiding - I don't understand why there's a feedback here now on the landline.

Anyway, the guidance should reflect unique population (unintelligible) as well as multiple hazards that will drive this whole thing.

In terms of the actual metric ...

Navya Kumar: Sorry, we're just going to turn at least all of the lines and see if that is causing the problem. Hold on one second. And then we'll unmute you.

Steven Krug: Okay.

Navya Kumar: Okay, Steve, you should be able to speak now. Go ahead.

Steven Krug: Can you guys hear me?

Navya Kumar: Yes, perfect.

Steven Krug: Yes. So again, in the very front of this document, you should have key overriding principles such as multiple hazards, and/or hazards that are reasonable for our - it should be considered within that institution or region. It's not everybody. It's the same (weather) hazard as an example. And then again, all populations.

That said, I think that when you drill into this, if the metrics, or measure concepts - two things; first of all, take off the qualifiers. I know this has probably been symbiotic, but what does adequate mean? That's to be determined.

I think to have something that - a disaster management plan; Okay, well we know to have one, but that tells me nothing. What is it about that disaster management plan that would be relevant?

And yes, you could say, well the guiding principles, you have the all hazards and all populations. But I think this is where you can begin to develop some specificity which will be helpful to those organizations that are trying to improve based upon these measures, as well as whatever it is that's measuring everybody else's performance. Thanks.

Debjani Mukerjee: All right. Navya, do you mind just unmuting Margaret and Paul, please? Thank you.

Navya Kumar: Sorry everyone. We're going to try to figure out what's causing this echo and how we can be more efficient with this and having to mute everyone and unmuting and all that.

So as I mentioned I think on our first call, we're working with a new conferencing system. So we're still figuring out the kinks. And unfortunately, we get to be the guinea pigs. So hopefully this will be all resolved for our future calls.

Margaret, are you able to speak now?

Margaret?

Margaret Weston: Yes, I'm here. Can you hear me?

Navya Kumar: Yes. Go for it.

Margaret Weston: Wonderful. Thank you.

So I just want to make sure that everyone has had an opportunity to provide feedback on the measure concept before we move on.

Are there any other comments, any feedback from the list? I know it is quite long but I want to make sure that everyone has the opportunity to provide their feedback before we move on.

All right, it looks like I don't see any other hands raised. And so I think that is the opportunity for public comment.

Navya Kumar: Perfect. Thank you Margaret.

And we do have a little more time. So if someone thinks of something they want to mention before we end the call, feel free to raise your hand.

We're going to go ahead and unmute everyone so we can do public commenting. Just give us one second.

All right. If you're a member of the public and you would like to make a comment this time, please speak up now. You can raise your hand or just make your comment.

Okay, I'm not hearing any comments. We want to give everyone an opportunity, one last opportunity. Now, it didn't have to be the systems one, but if you have any additional thoughts on any of the domains or subdomains that we've talked about, or there are any additional ideas that came up since our last discussion, then feel free to raise your hand if you want to bring up something now. Or you can always email us if you have additional ideas as well.

Okay. I'm not seeing any hands or hearing anybody speak up. We can jump to the next steps.

So we originally did have another call scheduled for January 28th. Most likely we will cancel that call. It was meant to be a follow up to these three calls in case we weren't able to get through all the domains.

You guys have been absolutely wonderful and we really appreciate how active and thoughtful you have been. We're going to take everything that you've said so far, try to summarize that and prepare it in a concise manner. And then we will most likely either during our next meeting or probably before that ask you to go through to see if we're missing anything, if we misclassified something and so on.

So more information to come through email about exactly what we'll be asking to do. I think it really depends on once our project team has time to take all this in and see what we still need.

But I think other than maybe filling in some gaps, the next step will really to be to narrow this down to make sure that we have the top priorities in our work.

We will give you more information following up the meetings on the status of that January 28th meeting and any other work we may need to get back at that.

Were there any questions and concerns or any last thoughts before we let you go and give you a good chunk of your Friday back?

Paul Biddinger: This is Paul. I just want to say thank you so much to the NQF staff, to Navya, to Poonam and May, and everyone, and thank you so much for the participants. I think it's been an excellent conversation and discussion. I think you put us in a great place to look at how to best revisit all of what's

already been done and organize it and structure them freely. So it's just been incredibly helpful to me and I want to say thank you.

Margaret Weston: And this is Margaret. I just want to echo Paul's sentiments. Thank you to the entire group. Thank you for staying engaged. I know these two-hour calls can be kind of long and hard. So thank you very much for staying with us and providing so much wonderful insight over the last few days. Thank you.

Navya Kumar: Perfect. Thank you both. And thank you for your great leadership. I don't think we would be able to get to this. We're trying thing new - instead of having one long meeting, we're trying to split it up and I think it's all been successful to be (unintelligible). Thank you so much.

So with that, we'll let everyone go and please be on a lookout for an email with details.

In the meantime, if you do think of something that you were like, oh man, I wish I've said that, feel free to email us at readiness@qualityforum.org, and we'll make sure to keep that ready as we go through the work.

Thank you everyone.

Margaret Weston: Thank you, team.

END