



Assessing Validity: Expert Panels

Tamara Chapman

Stanford University

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Agenda

- Panel Process
- Panel Composition
- Ratings of Potential Measures
- Example: Surge Capacity



Establishing Validity

■ Panel Process

- Solicited an indication of interest from >50 national organizations
- Requested nominations for panelists from the 21 organizations that responded
- Aimed to obtain 45 nominations for three panels of 15 members each; received commitment from 43 panelists
- Panel composition are those that would provide care during an emergency or are directly involved in preparedness planning



Establishing Validity

■ Panel Process

- Members asked to rate the measures on selected factors
- Purpose to stimulate consideration of important issues
- Panel convened via conference call to discuss differences of opinion, but not asked to reach consensus
- Following the call the panel re-rates the measures using nearly identical questionnaire
- Adding value: panelists will build a set of measures



Establishing Validity

■ Panel Composition

- Hospital administrator (1)
- ED Physicians (2)
- Disaster planners in hospital (2)
- Infectious disease specialists (1)
- Nurse manager involved in EP (1)
- Nurse manager, involved in patient triage (1)
- Hospitalists (2)
- Surgeons (2)
- Critical care physician or nurse (1)
- Public health official (1)
- Pediatrician, hospital-based (1)



Establishing Validity

■ Panel nominations

- American Academy of Pediatrics
- American Association of Critical-Care Nurses
- American College of Emergency Physicians
- American College of Healthcare Executives
- American College of Obstetricians and Gynecologists
- American Health Lawyers Association
- American Medical Informatics Association
- American Society of Anesthesiologists
- American Society of Radiologic Technologists
- Association of State and Territorial Health Officials
- CEP America
- Chemical Stockpile Emergency Preparedness Program
- Council of Women's and Infants' Specialty Hospitals



Establishing Validity

■ Panel nominations

- Medical Reserve Corps
- National Association of County and City Health Officials
- National Association of EMS Physicians
- National Association of State EMS Officials
- National Center for Disaster Preparedness, Columbia University
- Public Health Officers Association
- Society for Critical Care Medicine
- Society of Hospital Medicine
- American Psychiatric Association
- American Psychologic Association
- American Mental Health Association



Establishing Validity

■ Panel Process Ratings

- Is this capability or capacity likely to improve emergency response in an actual event?
- What is the impact of this capability or capacity on patient mortality or morbidity?
- What is the likelihood that a disaster that would require this capability capacity would occur?



Establishing Validity

■ Panel Process Ratings

- When the types of disasters considered in above do occur, are they likely to impact a large number of people, or a small number of people?
- How burdensome is it for hospitals to adhere to this capability?
- How burdensome is the accurate reporting of a hospital's performance on this indicator?



Establishing Validity

■ Panel Process Ratings

- Would reporting of this indicator accurately reflect hospital capability or capacity in this area?
- Are there adverse effects of either this standard or reporting this standard?



Establishing Validity

■ Panel Process Ratings

- Are there ways that hospitals may impact their performance on this standard without actually improving preparedness?
- Does this capability or capacity also benefit routine operations and hospital care?
- Does the current level of preparedness for this standard vary among hospitals?
- Are there differences in how hospitals should apply this standard? For instance, would an urban hospital need to prepare more intensely than a rural hospital?



Example: Surge Capacity

- Partial list of topics:
 - Surge capacity is addressed at various levels in the hospital (i.e. not just in the emergency department).
 - Hospital maintains adequate supplies and equipment in anticipation of surge.
 - Hospital exercises surge in drills.
 - Hospital considers infectious disease mitigation when planning for surge.
 - Hospital considers a potential need for altered standards of care when planning for surge.
 - Hospital collects baseline data on normal patient population and resource strain.
 - Hospital has the ability to deal with short-notice surge.



Example: Surge Capacity (continued)

- Priority subtopics highlighted:
 - Surge capacity is addressed at various levels in the hospital (i.e. not just in the emergency department).
 - Hospital maintains adequate supplies and equipment in anticipation of surge.
 - Hospital exercises surge in drills.
 - Hospital considers infectious disease mitigation when planning for surge.
 - Hospital considers a potential need for altered standards of care when planning for surge.
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Example: Surge Capacity (continued)

- Priority subtopics:
 - Discussed in 3 conference calls
 - Goal: ID areas of agreement and disagreement, NOT drive consensus
 - Currently undergoing re-rating process
 - Goal: Determine whether discussion resulted in changes in the metrics used to determine degrees of agreement



Establishing Validity

- Empirical Analysis