

NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY

Mr. Peter Brewster

Enhancing Capability Assessment

Wednesday, July 22, 2009

About The Speaker- Peter Brewster is Director for Education, training and Exercises with the Emergency Management Strategic Healthcare Group.

A) Discussion Topics/Presentation Points:

- In 2007 a senior official responsible for the VA healthcare system posed the question: "Are we ready?"
- As a result of that question a VHA (Veterans Health Administration) Capability Assessment Program (CAP) was launched and will be completed in 2010.
- Key features of the CAP:
 1. The VHA developed the CAP over a six-month period and included both Federal partners and private partners.
 2. The CAP methodology looked at past and current practices and used two pilot sites to refine the approach.
- Organizational Priorities:
 1. Occupant safety is the primary and initial on-going concern, followed by continuity of service delivery and business functions.
 2. If the conditions allow, the organization will attempt to expand service delivery (surge) and support its partners, the community at large and the nation.
 3. An incident management system is used to coordinate these activities.
 4. The operational readiness of these capabilities is developed on a day-to-day basis through a deliberate planning process.
- The CAP is based on: the organizational priorities during an emergency should be reflected in the framework.
- Design challenges of the CAP were:
 1. Objective data.
 2. How to integrate all of these requirements into this formative assessment process.
 3. 1,600 capabilities are outlined by the NFPA as providing the best overall framework sample, but we wanted an easier way to identify capabilities within the healthcare system that help us evaluate a particular entity's preparedness so we used a set of 69 capabilities for VA Medical Centers and 43 for the Network offices.
- Each of the capability descriptions included:
 1. A performance objective.
 2. A rationale.
 3. Measurement techniques.
 4. Elements.
- Five different capability measurements were drawn up to evaluate and describe a location's preparedness. Those five criteria are:
 1. Exemplary-The facility often performs at a higher level than industry standards require.
 2. Excellent- The facility often goes above and beyond the required standards.
 3. Developed-When present, the facility meets industry standards relative to that capability.
 4. Being developed- The capability is in its infancy, and initial attempts to build the capacity are underway.
 5. Needs attention- There is no evidence that the capability exists.
- Upon completion of all the evaluative measures of the CAP each hospital that participated received a final report with various details and recommendations on how to improve.
- At the national level the data are:
 1. Aggregated to inform national quality improvement (QI) efforts.

2. Used for coordination, strategic planning and budgets, performance measures and work plans and ongoing inter -agency sharing. This is done because the VA model is replicable and usable at the facility level.

B) Question and Answer Session: Open to all participants

1. Q: Can this approach be applied to the strikingly different institutions within the Veterans Administration (VA)? HPP needs to be both educational and systematic for collecting the data. How can this work be adapted to the state and localities level that need to be informed about preparedness? R (Brewster): The immediate feedback is to look at the documents in your annual reviews; how can you combine evaluation methods across different places/groups etc. If you set up a framework of capabilities like this it has a parallel to an instant command system. They build off of each other and if you combine this with the evaluation methods you will get the expected outcomes. We are getting performance data two ways: through exercises and actual events. I think hiring a third party for doing the visuals during the disaster is a real help.
2. The VA has done a lot of the legwork so how can we build off of that to create a more effective evaluation method for the HPP?
3. Q: Do you have standards that you follow for building partnerships with the community? R (Brewster): It comes in from various areas- its about patient perception and being able to put those patients elsewhere. Other than the Joint Commission, HPP and HHS there are no other standards that we follow.