

*NATIONAL HEALTHCARE PREPAREDNESS PRESENTATION SUMMARY*

**Dr. Kevin Yeskey, MD**

**The Value of Evaluating Healthcare Systems Preparedness**

**Tuesday, July 21, 2009**

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**About the Speaker:** Dr. Yeskey is the Director of the Office of Preparedness and Emergency Operations and Deputy Assistant Secretary in the Office of the Assistant Secretary for Preparedness and Response, Department of Health and Human Services.

A) Discussion Topics/Presentation Points: Dr. Yeskey

- This is a crucial time to have this dialogue.
- We want open discussion so that we can learn what we need to do collectively for healthcare system preparedness.
- Collecting data is hard. Results are sobering and it is always at an inopportune time. We have to be prepared for those results because it can be anxiety producing.
- Who, what and when we evaluate- we need these three days to talk about this topic.
- We can identify best practices that can be used to develop a successful model for the system.
- We need to improve what we do, we are professionals and we want it to be more meaningful so that our hospitals can better prepare for hazards.
- Anecdotes are just not good enough anymore. People want to know system wide how the system is better prepared and to do that we need a process to collect and quantify data to use as proof of what we are doing and how we are improving.
- As professionals we care about what we do, where we live, we want to make sure our healthcare system can respond in an emergency. If we get a bad answer we do want to make it better.
- To me this is a pretty new profession-preparedness-we need good, solid, evidence- based information to support our thoughts, our mission and where we want to head.
- Evidence -based information makes it easier to sell- because it is fact, not anecdote-it helps us chart our own course ahead.
- We pride ourselves on being a learning organization. We try to use the corrective action process so that we try something, and put the results into our playbook and make corrections along on the way as needed.
- We need to define the end game and we need to set process and goals.
- At OPEM we consistently modify things as we go, and we try to learn as we go and not do things twice. We are willing to take the hits when we make mistakes, but we are always asking how to improve and make things better, more efficient and more cost effective.
- We use information for:
  1. Setting policy
  2. To provide guidance or establish standards. We can take our best practices and make sure they are evidence based, objective and exportable, and put them out there as standards. This helps us be productive and set the bar high.
  3. Promote the program, not defend the program. Hospital preparedness throughout the country is a result of this program and we want to promote that story.
  4. Feed the beast. There are some people you cannot say no to. Sometimes is pays off to feed out information, which we do as much as we can.

C) Results/Key Findings/Conclusions: Dr. Yeskey

- We want good situational awareness because it helps us make decisions and be timely in getting resources out there. We are working more with FEMA to learn what gaps there are in the healthcare system so that we can start lining up assets or programs for filling up those gaps.
- We want to get feedback from you so that we can align outcomes with the action steps and measures we are implementing to stick with the end game-we want to id the gaps and fill them.