

VHA-EMA STAKEHOLDER I CONFERENCE REPORT

Task 3 – Deliverable # 3.2 of the EMA Project “Development of a Recommended Certification Program for Two Job Groups: Healthcare System Leaders and Emergency Management Program Managers”

The George Washington University Institute for Crisis Disaster and Risk Management (ICDRM) hosted a Stakeholders Conference on 4/5/07 in accordance with VHA-EMA Project task 3, Deliverable # 3.2.

The goal of the Stakeholders Conference was to obtain inputs by relevant stakeholders officials, organizations and disciplines for the development of a health care emergency management certification program for Healthcare System Leaders and Emergency Program Managers. The discussion during the day-long meetings was framed by a Certification Program “White Paper” (see Appendix B) developed by the GWU Project Team and distributed to participants prior to the meeting. The objectives of the conference included presenting the prior project products, including the Competency Framework and competencies, and evaluating potential program development strategies, program attributes and important implementation issues for a recommended VHA Certification Program for Healthcare System Leaders and Emergency Program Managers. Ideas on the following were particularly sought:

- its actual and perceived value to the VHA and non-VHA healthcare system target audiences;
- understanding and acceptance across the VA and federal ESF #8 partners;
- applicability, understanding and acceptance by the civilian medical and public health communities in the U.S.
- potential collaboration with already established certifying bodies.

Participants were asked to prepare prior to the meeting by considering the following three questions (see Appendix C: Stakeholders Logistic Letter):

1. What are the most important goals and objectives of an emergency management certification program for healthcare system personnel?
2. What are the most critical attributes of a certification process?
3. What factors may seriously contribute to either the success or the failure of an existing certification program?

Stakeholders Selection and Invitation Process:

The selection of participants for the conference was guided by the above-described objectives and finalized in conjunction with Mr. Peter Brewster, Department of Veteran affairs Project Officer. The participants were drawn from across the Department of Veterans Affairs and other federal departments (DoD, HHS). Additional perspectives were provided by members of private civilian healthcare systems, academic medical



centers, emergency management consultants and members of emergency management certifying bodies as well as public health organizational partners. The list of attendees and their affiliations are presented in Appendix E.

Invitations to attend the Stakeholders Conference were issued electronically (Appendix D). Confirmed attendees received a comprehensive read-ahead packet containing the Conference Agenda (Appendix A); the White Paper – *Development Strategies, Optional Program Characteristics and Implementation Issues* (Appendix B); and finally, the Stakeholder Logistics Letter (Appendix C).

Stakeholders Conference Focus and Feedback:

The conference agenda was developed by the GWU Project Team with the input from the VHA Project Officer. It was designed to provide the attendees with an understanding of the prior project products (Emergency Management Principles and Practices for Healthcare Systems; Emergency Management Competencies for select healthcare system job groups) upon which the certification program is to be based, and then to maximize participant discussion through the remainder of the meeting.

A formal strategy was developed to capture stakeholder input for analysis. Methodology included both the documentation of comments by stakeholders on ‘issue sheets’ (provided at the outset of the conference - see Appendix F) plus note-taking by GWU Project Team members throughout the duration of the conference. All issues raised and recorded were formatted into a document organized by the topic areas presented in the Certification Program White Paper.

Several major themes were presented by participants during the conference.

1. Purpose of certification

All participants expressed the importance of creating a certification process for healthcare facility leaders and emergency program managers. Conference participants’ expressed support for the range of certification purposes and goals as presented in the white paper. These included establishing de facto standards for professional knowledge, skills and practice, to public protection, to promoting further development of the profession. Throughout the day, discussions continued to return to this central question. A general consensus was reached that *a demonstrated value of the certification program* is key to its acceptance by the healthcare system itself and the greater community. Conversation also indicated that *the credibility of a certification program is closely correlated to the transparency and objectivity of its certification process*. Inherent “drivers” were outlined to include:

- economic value for the employer, including improved predictive power for effective performance by certified personnel as well as enterprise risk reduction for the organization employing certified personnel

- economic incentives for the certificant, both monetary as well as increased likelihood of promotion within the organization.
- demonstrating that a tiered certification program acts as a formative process for developing highly competent certificants.

2. Competencies/foundational knowledge documents

Participants appeared to agree that any certification program requires, as a base, an accepted body of knowledge and defined competencies. Some attendees expressed concern early in the discussion, over what were the agreed upon standards or doctrine which would be used as foundational documents for this certification. The discussion highlighted existing source documents related to the discipline and science of emergency management. The original “green book,” and more recently developed documents such as NFPA 1600 and the NRP were mentioned, but discrepancies abound especially in use of terminology and in definition of processes, and it is particularly difficult in health and medicine. It was noted that some movement forward is occurring toward the consolidation and coordination of these knowledge documents but much more progress needs to be made.

The premise was presented that the certification program being recommended through this project will be based upon Emergency Management Principles and Practices for Healthcare Systems, the competencies developed in the prior and current VHA projects, and the VHA Emergency Management Guidebook. There were no major disagreements or objective concerns with this premise, recognizing that the details of the program are not yet defined.

3. Certification framework

The development of a certification framework was a strongly endorsed next step. Participant suggestions emphasized a possible tiered approach for the certification program, tied to a formative process that fulfills both personal/professional development and generates increasing benefit for the employer’s organization. A proposed approach outlines a multi-tiered certification with an entry level which may be more knowledge based (meeting a minimum level of competency), with additional progressive levels more focused on skills and abilities, possibly demonstrated through experience (indicating a fully operational level of proficiency for the target positions). Sentiment was expressed that having a certification for a “masters” or expert level of proficiency was not necessary and had been unsuccessful in other programs.

4. Assessment process

Much discussion focused upon the concept of how to accomplish the assessment portion of the certification process. There was strong agreement that the assessment process must go beyond a purely knowledge based examination to include the evaluation of one’s application of knowledge in the context of the practice environment (in essence directly tied to defined competencies). The most

appropriate methods required for this portion of assessment were widely debated with many excellent ideas presented for consideration.

The evaluation process, and individual components of that process, was suggested by some to be developed as scalable and tied to progressive levels of certification. Of interest to note was the use of a qualifying examination as a first step (as described in the DRII process) to be eligible to proceed to the usual eligibility criteria step (pre-exam) that is usually the first step in the certification process.

Additional assessment options presented by the participants included:

- a “red-card/ICS task book” system used in wild land fire response
- scenario based discussions as a method of testing
- “in-box” process assignments
- Evaluating work products from the applicants job
- Mentoring as a requirement for certification or (perhaps better) for maintaining certification

Consideration was also raised by participants regarding the methods and controls required when resorting to more subjective evaluation, which frequently is used when evaluating higher level skills.

Conclusion:

The majority of participants expressed their support for the development of a certification program unique to the roles and responsibilities required of healthcare systems leaders and emergency management program managers within those systems. Overall, meeting participants agreed with the methodological strategy outlined in the White Paper. The input provided by meeting participants supported the draft “**Candidate Goal Statements for the Healthcare System Emergency Management (HSEM) Certification Process**” presented in the White Paper.

A full analysis of the captured conference comments and recommendations is being conducted. The GWU Project Team will then proceed with the development of certification program recommendations.

Attachments:

- Appendix A (page 5): Conference Agenda
- Appendix B (page 6): White Paper
- Appendix C (page 31): Stakeholder Logistic Letter
- Appendix D (page 32): Invitation Letter
- Appendix E (page 33): List of Attendees
- Appendix F (page 38): Comment Sheet



APPENDIX B

White Paper

Emergency Management Certification Program for Healthcare System Leaders & Emergency Management Program Managers

Development Strategies, Optional Program Characteristics and Implementation Issues

Introduction

The term “certification” has been utilized extensively to represent a very wide range of processes. The goal of this project, funded by the Department of Veterans Affairs/Veterans Health Administration (VHA), is to develop certification program recommendations for Healthcare System Emergency Management Program Managers and for Healthcare System Leaders. It is important, therefore, to understand the broad concepts in use by professionals involved in certification activities.

A search of the available literature related to certification was conducted as an initial step in the development of certification program recommendations. An in-depth analysis was performed to develop a comprehensive understanding of the topic and its related issues.

This “white paper”¹ presents concepts based upon the literature search and analysis. The authors first delineate a draft project strategy for developing certification recommendations in this project. Next, some of the research findings are presented, followed by proposed steps necessary for defining, implementing, and maintaining a certification program. Finally, draft concepts for the goals of the healthcare system emergency management certification program are described.

¹ A “white paper” is a writing that outlines an issue and develops a strategic approach to addressing the identified issue. It may state an organization's position or philosophy about a social, political, or other subject, or provide a not-too-detailed technical explanation of an architecture, framework, or product technology. Typically, a white paper also explains proposed policy and/or proposed actions for a design and development effort. White papers are commonly used to enhance a decision-making process (definition from GWU/ICDRM Emergency Management Glossary of Terms).

Certification Project Strategy:

The methodological strategy for this project is outlined below.

1. Complete the literature research and initial interviews to
 - a. Identify a list of all the elements and attributes relevant to a comprehensive certification program
 - b. Describe current “best practices” in professional certification and deconstruct these to identify key concepts and methods
2. Describe the overall characteristics of the ideal certification process for a “competency-based certification program.”²
3. Define all tasks that must be considered and/or accomplished in establishing a high-quality, sustaining certification program
4. Identify candidate methods to coordinate the overall certification program as well as manage each component.
5. Obtain stakeholder input to a concept white paper and draft project process.
6. Conduct further literature research and interviews to identify and evaluate additional concepts based upon stakeholder input.
7. Develop a candidate certification model & implementation plan.
8. Determine general limitations (costs, acceptable level of difficulty to obtain certification, program maintenance, etc.) for the certification program.³
9. Work with Veteran’s Health Administration (VHA) and the stakeholder group to identify the best compromises between the ideal process and the limitations related to finance, logistics, acceptance, etc. and incorporate into final recommendations.
10. Provide the recommendations to the VHA and make them available to stakeholders.

² This is the general certification program target provided by VHA for this project.

³ This “limitations” step is purposely delayed for consideration until the candidate program has been described. While general constraints were considered from the outset of the project, the actual cost and other limitations may be influenced by motivation, stakeholder enthusiasm, projected value of a certificate, and other factors. The selected strategy is to develop the candidate system and then formally consider limitations to the proposed system. This was felt to be important to avoid having pre-established limitations suppress early program exploration and considerations.

The Certification Process

Any professional certification process encompasses three major components from the perspective of the certification candidates and successful certificants:

1. Procedure(s) that assesses each candidate for eligibility qualifications.
2. Formal assessment, using clearly defined instruments (ideally that have been determined to be valid and reliable), of each qualified candidate's knowledge, skills and abilities in the defined certification area.
3. Procedure(s) to assure maintenance of the eligibility qualifications and knowledge, skills, and abilities demonstrated by the certificants in attaining their initial certification (e.g. maintenance of licenses, continuing education, passing a re-certification exam, etc.)

Certification: the range of purposes in the literature

Certification programs serve many purposes and span a very wide range of defined goals and objectives. The selected primary goals in any individual certification program appear to influence the methods used for programmatic development, the applicant evaluation processes, the criteria for successful certification, and the maintenance of each evaluated system. Identified certification purposes⁴ include:

- Protecting the public
- Establishing standards for professional knowledge, skills, and practice
- Assuring consumers/customers/employers that professionals have met standards of practice
- Meeting the requirements of governmental regulators
- Helping members of an association or organization work with governmental agencies to regulate the profession
- Developing a customized credential to meet unique needs in the marketplace, because:
 - (a) such a credential does not currently exist;
 - (b) a credential exists, but the organization wishes to differentiate itself from its competition; or
 - (c) new technologies, competencies or procedures have developed into a new scope of practice or body of knowledge
- Meeting the needs of employers, practitioners, and the public to identify individuals with certain knowledge and skills
- Furthering a company's overall business goals – that is, to ensure that consumers

⁴ Adapted from Durley CC. *The NOCA Guide to Understanding Credentialing Concepts* (2005), accessed February 10, 2007 at

<http://www.noca.org/members/CredentialingConcepts.pdf>

- have access to skilled professionals knowledgeable about the company's products and services
- Reflecting an individual's attainment of knowledge of a specifically defined course of study or of technical skills recognized by a manufacturer or service provider
 - Providing the individual certificant with a sense of pride and professional accomplishment
 - Demonstrating an individual's commitment to a profession (and to life-long learning, if the credential is a professional certification requiring recertification by continuing education, examination, self-assessment, etc.)
 - Boosting association membership
 - Advancing the cause of formal specialty recognition. For example, consider the process that developed emergency medicine into a fully recognized medical specialty: Even though the application for Independent board accreditation was denied by the American Board of Medical Specialties (ABMS), emergency physicians proceeded with a voluntary certification exam process that had wide participation, promoting the eventual recognition of Emergency Medicine by ABMS^{5,6}
 - Advancing the professional field (as a primary mechanism rather than the usual indirect effect) by promoting contributions such as papers, studies, presentations, etc.
 - Others...

⁵ History. American Board of Emergency Medicine, accessed February 15, 2007 at http://www.abem.org/public/portal/alias_Rainbow/lang_en-US/tabID_3573/DesktopDefault.aspx

⁶ Danzl DF, Munger BS. History of Academic Emergency Medicine, accessed February 15, 2007 at <http://www.saem.org/publicat/chap1.html>

Certification Program Attributes

Extensive analysis of the certification literature and many certification programs was conducted to develop a list of “ideal attributes” for a *professional certification process* (note the glossary terminology difference between “professional certification” and “curriculum-based certificate”). Examples of specific certification programs are provided in Appendix B.

1. Attributes of the overall certification program goals and objectives:
 - Clearly stated goals and objectives for the certification program and its specific processes are important. The program description provides an understanding that the processes are designed to achieve the stated goals and objectives.

2. Attributes of the certifying body:
 - Focused upon certification that effectively achieves the stated goals and objectives of the certification program
 - Independent (both perceived & actual), such that decisions and actions are focused solely upon the stated programmatic goals and objectives without undue outside influence or competitive advantage
 - Not “conflicted” in its purpose, and without perceived or actual hidden agendas (i.e., states one set of goals but the methodology appears to be primarily to attain a more self-centered purpose)
 - Authoritative, with oversight and supervision by recognized experts who have academic and/or experiential credentials that reflect the defined competencies upon which the certification is based.

3. Attributes of the certification program related to its perceived importance:
 - Achieving certification should be highly desirable for those who are qualified. “Certification” is a voluntary activity. Unlike licensure, an individual does not commonly need to be certified to engage in a given occupation. A goal of a certification program, however, may be to demonstrate that the certification is so important to assure adequate job performance that certification can be considered quasi-mandatory (i.e., written into job descriptions as a requirement, designated as a step in career laddering systems, or required in project specifications).
 - Attributes that make the certification highly desirable include:
 - Define the body of KSAs (competencies) that successful certificants have demonstrated, and show that the competencies are important for success of the organization and [for this project] any overarching healthcare system
 - Promote acceptance by healthcare organization administrators as an important credential for predicting success at key positions that contribute to the success of the organization

- Becomes incorporated into standards & regulatory requirements (HRSA NHBPP, JCAHO and state regulatory organizations)
 - Distinguishes itself from “just another merit badge” by demonstrating that it represents true operational and expert competency for the designated job groups
 - Conveys a true reflection of competency – distinguishes (i.e., provides predictive power) certified practitioners from others: Certification should distinguish those who can perform better, which means the knowledge, skills and abilities demonstrated through successful certification must be those that are both necessary and sufficient for job performance
 - Distinguishes the certified (successful) candidates through recognition paraphernalia: Certificate (mounted) and lapel pin & other methods for prominent recognition of “diplomates”
 - Provides tangible benefits for successful candidates
4. Certification program validity (i.e., that it effectively measures what it is been designed to evaluate)
- a. Certification should be a valid predictor of quality job performance. The assessment process must therefore go beyond knowledge examination and examine the *application of knowledge* (i.e., skills and abilities) in the context of the practice environment. This can be accomplished, in part, by defining performance competencies and measuring the performance of the candidate in some manner against the competency metric.⁷ This is an important process to assure the effective practice by certificants in their designated professional area. Additionally, it is critical that the incorporation of competencies into the certification program include:
- A clearly defined relationship between the certification process and the designated competencies (and the specified level of proficiency in each competency – see Appendix A – glossary)
 - The certification process for a specific role or job group demonstrates how each job group certification fits within a certification framework for all job groups & all Emergency Management-related positions in healthcare systems, so that future development of certifying processes for other job groups will be consistent with the overarching framework. This includes providing a basis for function- and even job-specific certification within each job group, with each requiring that the candidate first achieve certification in the indicated *job group* competencies.
 - Differentiates between “professional certification” and “curriculum-based certificate” programs (see Appendix A –

⁷ See Appendix A Glossary for a definition of competencies and their proficiency levels.

glossary for definitions). The curriculum-based certificate is generally a document that indicates that the candidate has completed a specific instructional (education or training) course, with either no or very superficial testing to demonstrate completion (see glossary for details).⁸

5. Attributes of the defined “steps” in the certification program: Most certification programs contain the three sequential steps (presented earlier) to achieving and maintaining certification. How each step is actually accomplished, however, varies widely. Attributes for each of these are presented.
 - a. Eligibility qualifications generally use the following indirect methods for assessing initial knowledge, skills and abilities related to the area of expertise:
 - Education (knowledge): This assessment generally attempts to establish a metric for measuring a candidate’s instructional experience that should have conveyed adequate knowledge of the subject matter, but also to assure general skills and abilities (writing, analysis, maturity, etc.). This is commonly a rather indirect measure for determining the likelihood that critical KSAs have been learned/mastered. For emergency management certification, requiring an educational experience that confers understanding of management concepts and practice may be very beneficial.
 - Training (skills): This assessment focuses upon instructional experience that conveys knowledge but especially teaches skills and abilities critical to performance in the professional area that the certification covers. Because the range of training courses is broad and the competencies usually poorly defined, a wide range of training is acceptable for this category and so this is also generally an indirect method for assuring coverage of all competencies the certification is intended to cover. Ideally, criteria for meeting this training requirement will promote candidates seeking training that adequately covers all competencies that are important for professional performance.
 - Experience: This assessment is generally intended to assure that an applicant has applied education and training to real-world situations within the professional area that the certification covers. Ideally, the experience should be across the full range of competencies that the certification covers. While this is a very widely used metric, it is important to avoid some of the pitfalls that may limit the usefulness of this metric.
 - Some positions used to fulfill the experience requirements may have only a very limited range across emergency

⁸ Rpos MS. Association Knowledge and Credentialing Blog, accessed February 6, 2007 at http://msrops.blogs.com/akac/credentialing_program_development/index.html

management. Ideally, experience requirements should cover the range of emergency management programmatic areas (mitigation, preparedness, response and recovery).

- Requiring experiential activities such as “experience in an exercise or response” may be too vague in whether the activity or the applicant’s role met substantial enough criteria. Ideally, more details should be provided to make this a strong indicator that the applicant has appropriate experience.
 - In accepting activities for meeting the experience criteria, it is important to avoid unsubstantiated assumptions in developing experiential qualifications. For instance, experience in other disciplines has in many instances been assumed to translate directly to emergency management (“I had a career in the military, law enforcement, intelligence, etc.... so that makes me an expert in emergency management even though my jobs were only distantly related”). The appropriate use of competencies in defining acceptable experience should effectively address this issue.
 - Qualifications/credentials: This category may include prior experience but is more expansive to address credentials, and general abilities or attributes of the individual. Some of the latter may include minimum age, good character, no criminal past, free of substance abuse, overt psychiatric disorder, etc.
 - The character attributes have been generally addressed in the medical and nursing professions by requiring an active professional license (which assumes that the granting of a professional license has screened for these attributes)
 - Other programs, where a license is not a general criterion for practice in the profession, have attempted to address this issue by requiring the applicant provide professional references. Criteria for whom these references are from and what the reference letters address are variable.
- b. Direct assessment of the candidate’s competencies:
- Candidates practice: This can be achieved in some instances by examining emergency management work products or program documents that were developed or significantly revised by the applicant in the designated position for which they are seeking certification. The process would use instruments to assess the documents for adequacy (this is a method used in Family Medicine Board Certification, where a candidate submits a range of patient charts from his/her practice for evaluation).
 - Requires a method to certify the documents as the substantive effort of the applicant

- It should include a range of documents reflecting the scope of practice of the certificant category

Some certification programs assess this area by requiring documentation of professional contributions (speaking, teaching, publishing, service on a board, commission, leadership role, memberships, etc. beyond candidate's direct job responsibilities).

- Examination of Knowledge & skills: This is generally accomplished through direct testing. A written or electronic (via computer) examination is almost universal. Some also include an oral or interactive examination that follows successful completion of a written exam.
 - Written or electronic examination: These generally focus primarily upon testing knowledge competencies, although analytical and some other skills are easily amenable to this testing method. Essay examinations are also used to try to address the testing of additional skills and abilities in areas such as management. The biggest limitation of the written examination approach is the difficulty in simulating the environment in which emergency management knowledge, skills and abilities are tested during real-world experience (urgency, prioritization needs, distractions competing for attention, etc.).
 - "Oral" or interactive examination: This additional testing method generally tries to recreate the environmental conditions in which the candidates' professional activities occur. It is therefore intended to be a more rigorous examination of the candidate's competencies under practice conditions. These are also much more resource intensive and require a high level of attention to detail to assure consistency across examiners and from exam to exam. The methods overall probably add significant value to the certification process in evaluation the applicant's competencies, even though it still has significant limitations.

c. Continued eligibility:

- Continuing education (amount and type): This is a requirement intended to keep the certificant current with new developments in the field, and therefore proficient in the related competencies. The requirements are almost universally general across all certification programs, and primarily serve the purpose of promoting life-long learning.

- Maintenance of qualifications/licenses, etc.: This process requires evidence that the certificant has maintained the initial certifying qualifications.
- Re-assessment of competencies: This is generally accomplished by assuring the above-mentioned maintenance of the original eligibility requirements (if not done on an interim basis), and then a re-examination instrument(s) that addresses the same considerations as the certifying examination.

Certification Program Implementation Plan

Using the literature research and analysis, the following concepts outline a proposed process for implementing a certification program for healthcare system emergency managers.

1. Establish the goals and objectives of the certification program (see Candidate goal statements page 16).
2. Establish the body of competencies (see glossary) upon which the certification is based.
 - a. Define the body of KSAs (competencies) that is distinct for emergency managers and important for success of the healthcare system
 - b. Establishing the body of KSAs that represent the specialty will be a dynamic process; periodic revision of the body of KSAs (competencies) will be required, with subsequent revision of competency examination items (via testing or other mechanisms)
3. Attain acceptance by healthcare organization administrators as an important credential for predicting success at key positions that contribute to the success of the organization
 - Ideally, a well constructed certification program would be incorporated into standards & regulatory requirements (NHBPP, JCAHO and state regulatory organizations)
 - Distinguishes itself from “just another merit badge” by demonstrating that it represents true operational and expert mastery (i.e., proficiency) for the designated job groups
 - Conveys a true reflection of competency – distinguishes (i.e., provides predictive power) certified practitioners from others:
 - Distinguishes the certified (successful) candidates through recognition paraphernalia: Certificate (mounted) and lapel pin & other methods for prominent recognition of “diplomats”
4. Establishing the certifying organization
 - a. The certifying body must be independent and authoritative
 - Organizational autonomy: independent and so perceived to be making decisions based solely upon evidence-based research and what is important for the profession. This avoids perceptions of political, monetary or other bias.
 - Membership in the certifying body may also be extended to other stakeholders such as Fire, EMS, or Law Enforcement
 - It should have established bylaws, processes, and procedures.

- b. The certifying body must be robust enough to manage the various certifying activities which may include:
 - Following established administrative tasks for the certifying body (including maintaining membership, following bylaws, policies and procedures, etc.)
 - Maintaining ease of access to potential candidates or those already certified (e.g. website)
 - Maintaining and revising as appropriate eligibility criteria for potential candidates
 - Maintaining the testing process of candidates including developing criteria that match competencies, recruiting test writers, maintaining security of the testing process, and considering psychometric evaluation of tests.
 - Administering the various financial tasks associated with the certifying organization.
 - Maintenance of records.
 - Establishing an internal audit and review system with methods for continuous organizational learning (i.e., corrective and preventive actions) to maintain and/or improve quality.
 - Consider seeking accreditation by the National Commission for Certifying Agencies⁹ or the American National Standards Institute.¹⁰
 - c. The certifying body must be sustainable.
5. Establishing the eligibility qualifications list and procedures for confirming that an applicant has the presented qualifications.
 6. Developing a “Grandfather Clause”: Defining an initially qualified cohort at the outset of the certification program (persons whose experience qualifications may substitute for other more formal qualifications for a finite period), to provide inclusion to those who learned by experience before a formal instructional/qualifications system was in place. This includes a clearly defined finite period after which this lesser pre-exam qualification expires.
 7. Development of guidance for candidates in the certification process
 - a. Develop guidance for potential applicants so they can fully appreciate what the certification process will evaluate (e.g., may use the applicable sections of the Emergency Management Principles and Practices for Healthcare Systems)

⁹ National Organization for Competency Assurance, accessed February 5, 2006 at <http://www.noca.org>

¹⁰ American National Standards accessed February 5, 2007 at Institute <http://www.ansi.org>

- b. Establish a process to provide candidates with detailed information about the examination prior to the test administration (eligibility requirements, application methods, dates for examination, and payment procedures, exam type/s, scoring methods, procedures if fail, etc.).¹¹
8. Development of the examination instruments & delivery process (for assessing the candidate's quality of practice),
 - a. Select the written documents that can be submitted by candidates for examination to assess the candidate's emergency management practice. These may include asking for copies of emergency operations plans, training material, exercise plans, After Action Reports or other documents that a candidate completed in the scope of his/her emergency management practice.
 - b. Develop an objective process for assessing the submitted materials.
 - c. Develop test items for the written and/or oral examinations that accurately examine each target competency (consider conducting validation studies to assure that inferences made on the basis of test scores are appropriate and justified)
 - d. Develop test items (for both types of exams) that examine skills and abilities as well as knowledge. These may include the development of scenarios where the examinee must indicate understanding of both what must be accomplished and the emergency management methods that should be used to accomplish the indicated action.
 - e. Assure test items cover the full range of target competencies, with appropriate weighting for item representation according to importance
 - f. Develop instructions for item and scenario writers
 - g. Provide methods to develop, test, and validate test items
 - h. Establish processes for determining the number of items, length of the exam based upon item numbers, how often the examination will be offered, how many exam versions will be used, how often the versions will be rotated, and how often the items will be updated, revised or changed
 - i. Establish process for administering the examination (in place or via web)
 - Announcement, notification, registration

¹¹ Web-based example for Certified Infection Control Professionals program available at http://www.cbic.org/Becoming_Certified.asp

- Checking in procedures (identification, confirming registration information, etc.)
- Efficient, secure exam administration method/s
 - Number/qualifications of exam supervisor and proctors (administration manual for staff should include policies regarding admission, entry and exit during administration, release of examinees, addressing irregularities, shipment & security of materials, etc.)
 - Accommodate candidates with disabilities in accordance with the American with Disabilities Act
- j. Establish process for scoring examinations, determining the minimum pass score, item appeals process, etc.
- k. Provide methods to statistically analyze each exam, for validity, irregularities and research:
 1. Item Analysis includes evaluating item difficulty, item discrimination, and distracter analysis.¹²
 2. Overall Exam Analysis includes statistical evaluation of the score to include mean score, score standard question, test reliability, standard error of measurement, and score frequency distribution.
- l. Process to provide candidates with an individualized candidate report, including results for each category area and final scores.
- m. Appeal process for candidates/certificants who have been denied access to an examination or renewal of certification or who have had certification revoked (with cause communicated to them). Assure that the process does not discriminate among candidates as to age, gender, race, religion, ethnic origin, disability, marital status, or sexual orientation.
- n. Establish security measures to maintain the integrity of the certification process (examination, scoring, reporting and records maintenance procedures):
 1. Item writing and review
 2. Item and exam bank maintenance
 3. Oral exam scenarios, grading criteria development, review and bank maintenance
 4. Ancillary materials
 5. Test book printing, storing, distributing

¹² Classroom Assessment Techniques (CATs) -
http://www.flaguide.org/cat/multiplechoicetest/multiple_choice_test4.php

6. Storage of information and certification databank
 7. Transportation/Transmittal of materials and information
 8. Administrative security
 - o. Establish mechanism to address misrepresentation and non-compliance with eligibility criteria or certifying organization's rules by applicants or certificants. This may include a mechanism for reporting cases of misrepresentation to appropriate authorities.
9. Frequency & methods for measuring continued competency: Recertification program in place that requires certificants to maintain current competency and to periodically document competence in the professional area; issues around continuing education, re-examination (re-examination requires same steps as the certifying examination)
 10. Consider (for the future) specialty descriptions and examination characteristics – this area may be important to investigate for possible sub-specialty certification: functional (such as decontamination team certification) and even job-specific certifications eventually in the program (see nursing specialties document for characteristics for certifying organization and for certifying examination).¹³ These may actually be more merit badge-type, instructional or curriculum-based certificates that indicate a set of competencies that extend the professional certification.

Candidate existing methods for implementing a Certification System

- ?????
- ?????

Candidate Goal Statements for the Healthcare System Emergency Management (HSEM) Certification Process

1. “Certification” represents successful completion of a certification process. The process and the certificate should be perceived as independent and authoritative, and signifying the attainment of competency proficiency in emergency management and emergency response and recovery in the specified Healthcare System Job Group.
2. Certification may be a key element in establishing and formally recognizing a bounded set of knowledge, skills and abilities as important for healthcare system

¹³ American Board of Nursing Specialties. Promoting Excellence in Nursing Certification Accreditation Standards Accessed February 5, 2007 at http://www.nursingcertification.org/pdf/ac_standards_short.pdf

- emergency management. This process should present a unique combination of knowledge, skills and abilities (KSAs) and their application on the job (which is the formal definition of competencies).¹⁴ Certification:
- a. Helps achieve recognition of the technical area as a profession
 - b. Establishes a minimum level of competencies for the certified profession (which usually exceeds any licensure requirements for that job area, but may become accreditation requirements for the organization)
 - c. Promotes continued professional development, education and technical skills, in part by motivating the professional's organization to support these activities.
3. Certification provides a professionally important step to the recognition that EM Program Management is a profession and essential to comprehensive management of healthcare organizations. Certification for healthcare system emergency management and for Healthcare System Leaders may promote the appropriate recognition of this specialty area and signify the importance of adequate performance within this position. This has been demonstrated in recently established certification programs for Infection Control Practitioners and other newly developed health and medical specialties now recognized as essential for effective healthcare system management.¹⁵ Certification for Healthcare system leaders provides a statement that a healthcare system leader, with indicated emergency management competencies, is critical to the overall mission of the healthcare system, including optimal organizational resiliency and continuity of operations during incidents requiring surge.

¹⁴ Emergency Management Principles and Practices for Healthcare Systems (2006), Unit 5 – Glossary of Terms, p 5-14, accessed February 15, 2007 at <http://www1.va.gov/emshg/page.cfm?pg=122>

¹⁵ Certification Program Formally Recognizes Infection Control Professionals. Association for Practitioners in Infection Control (APIC), accessed February 15, 2007 at <http://www.apic.org/Content/NavigationMenu/Education/Certification/Certification.htm>

Conclusion

In summary, there is a very wide range of certification programs. All seem to meet one or several of certification purposes/goals presented in this paper, with the quality and performance related to the certification program's defined goals and objectives. Most programs appear to have "presumed" competencies as the basis for their examination procedures rather than explicitly defined competencies. A carefully designed and very well defined certification program is necessary to address the complexities of the certification process, both to establish a high quality and cost-effective program and to promote its long-term acceptance and survival.

Terminology in Emergency Management Certification **(Appendix A of the White Paper)**

It is important to differentiate between professional certification versus curriculum-based certificate, and terms such as accreditation versus licensure. The certification recommendations project may need to develop further terminology to differentiate between “professional competency-based” certification versus those using other metrics to assume competency: knowledge-based; time and experience based (i.e. attendance?); etc.

Accreditation:

- Empowerment provided to an organization through legislation, statute or regulation from an appropriate local, State, Tribal or Federal government agency authorizing the organization to credential personnel for incidents in which the organization participates. According to the NIMS Integration Center, accreditation refers to the “empowerment of certifying/qualifying organizations with the authority to declare an individual capable of performing critical tasks and capabilities.”¹⁶
- Conferred by associations, corporations, commissions, universities and others on organizations or programs; it is a voluntary process through which an organization grants recognition to another organization or program after verifying that it has met predetermined criteria, and so to earn an accreditation, an organization must demonstrate that their organization and/or program met predetermined and standardized criteria. Like certification, accreditation can become important enough that it is considered quasi-mandatory to the success of the organizations. Like certification, accreditation has ongoing maintenance requirements for those who enterprises that were successful in achieving initial accreditation.

Certificate (Curriculum-based):

- Conferred on individuals and similar to an educational degree; to earn a certificate, individuals must participate in a specified training program, usually on a focused topic, and successfully demonstrate attainment of course learning objectives. These do not usually have any ongoing requirements, but rather are an assessment of the attainment of knowledge and skills achieved through participation in the training program (i.e., at the time of the assessment only). In some certificate programs, the assessment is repeated at a specified time interval.
- It is issued after an individual completes a course or series of courses and passes an assessment instrument. The content of the assessment is limited to the course content, and therefore, may not be completely representative of professional practice (and therefore it is not as defensible to use this or the knowledge-based type of certificate

¹⁶ Credentiaing the Nation’s Emergency Responders: Working Group Guidelines – Draft Version 1.6 (November 2005), NIMS Integration Center, Federal Emergency Management Agency, Washington D.C.

for regulatory purposes as compared to a professional certification). 2005 NOCA Guide.

Certification (appears to be both general and professional):

- A process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders. *2004 NOCA Standards Glossary.*
- The voluntary process by which a non-governmental entity grants a time-limited recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria. It is the vehicle that a profession or occupation uses to differentiate among its members, using standards, sometimes developed through a consensus - driven process, based on existing legal and psychometric requirements. *2005 NOCA Guide.*

Certification (Professional):

- Voluntary (i.e., individual can still practice without it) and conferred on individuals by non-governmental organizations; usually involves a process of eligibility, assessment, and evidence of post-certification continued competency. Certification is generally intended to indicate a higher-than-minimum level of performance in the specified professional area, with procedures in place to promote ongoing maintenance of the designated competencies and their appropriate proficiency levels.

Competency:

- A specific knowledge element, skill, and/or ability that is objective and measurable (i.e., demonstrable) on the job. It is required for effective performance within the context of a job's responsibilities, and leads to achieving the objectives of the organization. Competencies are ideally qualified by an accompanying proficiency level. See "Proficiency."

Credentialing:

- According to the NIMS Integration Center: "Credentialing involves providing documentation that can authenticate and verify the certification and identity of designated incident command staff and emergency responders. This system helps ensure that personnel representing various jurisdictional levels and functional disciplines possess a minimum common level of training, currency, experience, physical and medical fitness, and capability for the incident management or emergency responder position they are tasked to fill."¹⁷

¹⁷ Credentialing the Nation's Emergency Responders: Working Group Guidelines – Draft Version 1.6 (November 2005), NIMS Integration Center, Federal Emergency Management Agency, Washington D.C.

- The umbrella term that includes the concepts of accreditation, licensure, registration, and professional certification. Credentialing can establish criteria for fairness, quality, competence, and/or safety for professional services provided by authorized individuals, for products, or for educational endeavors. Credentialing is the process by which an entity, authorized and qualified to do so, grants formal recognition to, or records the recognition status of individuals, organizations, institutions, programs, processes, services, or products that meet predetermined and standardized criteria. 2005 NOCA Guide.

Licensure:

- Licensure is conferred on individuals by governmental bodies. It is usually a state-level function, with an individual requiring a license to legally practice a licensed occupation in that state. Licensure is generally intended to ensure a minimal degree of competency (knowledge, skills and abilities) to adequately protect the public health, safety and welfare. Licenses commonly have both eligibility requirements and ongoing requirements such as continuing education, renewal of licenses, and statements of unimpaired abilities.

Associations do not grant professional licensure. However, they often have a role in licensure activities. For example, they may advocate for licensure to be instituted in states (including providing model language) and they may collaborate with the state agencies during development and administration of licensing.

Proficiency:

- In emergency management, this term indicates the level of mastery of knowledge, skills and abilities (i.e., competencies) that are demonstrable on the job and lead to the organization achieving its objectives. **Levels of proficiency** may be used to describe the level of mastery that is the objective of training and education.

Proficiency Levels:

- Proficiency levels are related to competencies and delineate “The degree of understanding of the subject matter and its practical application through training and performance....”¹⁸ The following levels were defined in the Emergency Management Principles and Practices for Healthcare Systems¹⁹:
 - **Awareness Level:** Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization’s system.
 - **Operations Level:** Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities, including equipment use as necessary.

¹⁸ FEMA. Urban Search & Rescue Incident Support Team Training: Student Manual. Module 1, Unit 4, p. 6: Planning Process Overview. n/a:40. April 16, 2004). Available at: http://www.fema.gov/pdf/usr/mod1_u4.pdf, accessed March 23, 2005.

¹⁹ Barbera JA et al. Emergency Management Principles and Practices for Healthcare Systems (2006), available at: <http://www1.va.gov/emshg/page.cfm?pg=122>

- **Expert Level:** Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

See “Competency.”

Requirements of selected Certification Programs
(Appendix B of the White Paper)

Medical Education & Training Certification

To assure a comprehensive understanding of a “near ideal” (?gold-standard? But very expensive) certification program, the process of medical certification and sub-specialty certification is examined:

Medical certification processes as a model:

- a. Basic certification:
 - i. Requires completion of certain amount of medical school
 - ii. National Boards (Parts I & II) – all written exam
 - iii. Experience (internship)
 - iv. National boards (Part III) – written, clinically based
 - v. Allows one to graduate with MD and start specialty training; perhaps obtain provisional license
 - vi. (National Board is an independent body – but this certification has become a requirement to move forward in medical education and residency training, and has become a requirement for medical licensure in many if not all states in the U.S.)
- b. Specialty certification
 - i. Completion of recognized/accredited residency (i.e., knowledge and experience)
 - ii. Qualifications (character, no criminal history, substance-free dependency – indicated by holding a valid medical license)
 - iii. Written boards (knowledge examination)
 - iv. Oral boards – simulation of patient cases and management of multiple cases (knowledge & skills examination)
 - v. Continuing education & maintenance of medical license (license indicates achievement of basic abilities – character, substance-free, etc.)
 - vi. Examination of candidate’s practice of medicine in some specialties (through chart submission)
 - vii. Interim reading list and web-based exams
 - viii. Recertifying exam (all written) every 7-10 years
- c. Sub-specialty certification
 - i. Subspecialty defined²⁰
 - ii. Must have specialty certification boards
 - iii. Requirements categories similar to specialty certification

²⁰ This is well presented for nursing sub-specialties at Accreditation Standards (for nursing certification organizations). American Board of Nursing Specialties, accessed February 15, 2007 at http://nursingcertification.org/pdf/ac_standards_short.pdf

Certified Emergency Management

The specific Certified Emergency Manager (CEM) steps are provided as an example of one approach in emergency management certification to association driven certification program²¹

Requirements for the Certified Emergency Manager® Program:²²

Emergency management experience.* Three years by date of application. Comprehensive experience must include participation in a full-scale exercise or actual disaster. Three professional references. Including current supervisor.

Education. Any 4-year baccalaureate degree; or additional experience may be substituted to satisfy this requirement, 2 years per 30 college credits up to the 120 credits comprising most baccalaureates. Professionals interested in recognition without the education requirement should inquire about the Associate Emergency Manager (AEM) credential.

Training.* 100 contact hours in emergency management training and 100 hours in general management training. Note: No more than 25% of hours can be in any one topic.

Contributions to the profession. Six separate contributions in areas such as professional membership, speaking, publishing articles, serving on volunteer boards or committees and other areas beyond the scope of the emergency management job requirements.

Comprehensive emergency management essay. Real-life scenarios are provided, and response must demonstrate knowledge, skills and abilities as listed in the essay instructions.

Multiple-choice examination. Candidates sit for the 100-question exam after their initial application and the other requirements are satisfied. A pamphlet is available further describing format and sources.

Note: A baccalaureate in emergency management reduces the experience requirement to 2 years and waives EM training if it is earned recently.

²¹ Certified Emergency Management (CEM) provided through the International Association of Emergency Managers

²² Information from the International Association of Emergency Managers web site at: <http://www.iaem.com/certification/generalinfo/cem.htm>

FACHE Requirements—Effective January 1, 2007

Following is a summary of the new criteria for becoming a Fellow of the American College of Healthcare Executives.²³ Official requirements are contained in the [ACHE Regulations Governing Admission, Advancement and Recertification](#).

One of the requirements for becoming a Fellow of the American College of Healthcare Executives is passing the Board of Governors Examination in Healthcare Management. Prior to taking the examination you must submit your [Fellow Application](#) (PDF). Once your application is approved, you will receive authorization to take the Board of Governors Exam.

Requirements to take the Board of Governors Exam:	To earn the FACHE credential you must also:
<ul style="list-style-type: none"> ▪ Master’s or other advanced degree <ul style="list-style-type: none"> ○ Through 12/31/08, a bachelor’s degree is acceptable ▪ A healthcare management position and two years of healthcare management experience <ul style="list-style-type: none"> ○ If applying without a postbaccalaureate degree, you must have eight years of experience by 12/31/08 ▪ Three references from Fellows, including one structured interview ▪ Completed application, including payment of the \$250 fee (application valid for three years) 	<ul style="list-style-type: none"> ▪ Pass the Board of Governors Examination in Healthcare Management ▪ Have three years’ tenure as an ACHE Member (including past tenure as a Diplomate) ▪ Have five years’ healthcare management experience <ul style="list-style-type: none"> ○ If applying without a postbaccalaureate degree, you must have eight years of experience by 12/31/08 ▪ Complete 40 hours of continuing education credit in the prior five years, 12 hours of which must be Category I (ACHE education) credit ▪ Participate in healthcare and community/civic activities

Recertifying as a Fellow

Fellows are required to recertify every three years. Recertification maintains the integrity of the ACHE credentialing program and helps ensure ongoing commitment to professional development.

Is it time to recertify?

ACHE will notify you when you are eligible to recertify. When you are eligible, you will be given access to the online recertification application from [My ACHE](#). The application will not be available until it is time for you to recertify.

Stay on track!

It is a good idea to periodically check your continuing education hours which can be done at [My ACHE](#).

²³ Fellow of the American College of Healthcare Executives, accessed March 29, 2007 at <http://www.ache.org/membership/credentialing/credentialing.cfm>



Recertification Requirements

- Recertify every **3** years
- Complete **24** hours of continuing education since your advancement or last recertification
- Ensure that at least **12** of your CEU hours are Category I (ACHE education)
 - The balance of your 24 hours may be either Category I or Category II (non-ACHE education) credits.
- Indicate your participation in healthcare and community/civic affairs

OR

- You may choose to retake and pass the Board of Governors Examination.

APPENDIX C

Stakeholders Logistic Letter

Dear Colleague,

Thank you for agreeing to participate in the upcoming stakeholder conference for the *Emergency Management Certification Program for Healthcare System Leaders and Emergency Program Managers*. This project is sponsored by the U.S. Department of Veterans Affairs, through the Veteran's Health Administration. The meeting will be conducted by the Institute for Crisis, Disaster and Risk Management at The George Washington University as a critical component of its Certification Program project for VHA. The meeting location is hosted by the FEMA NIMS Integration Center.

This conference will be held on Thursday, April 5th, 2007 in the third floor Conference Room B of the NIMS Integration Center, **999 E St. NW, Washington, D.C.** The building signage reads "Federal Election Commission" and is located directly across from the FBI building. The nearest Metro stop is Metro Center. The conference will begin with registration and a light breakfast at 0830 and will conclude by 1500. Lunch will be provided.

Security procedures for this facility require an escort from the lobby area to the conference room. We ask that you arrive by 0815 and you will be met by a project team member who will facilitate your entry as a group to the conference location. Anyone arriving after this time is asked to call the main NIMS Integration Center number at 202-646-7289 and ask for Sharon Bobbit or Evelyn Smith as a point of contact.

In preparation for the meeting, we ask that you read the attached white paper and consider the following questions to help shape your input:

1. What are the most important goals and objectives of an emergency management certification program for healthcare system personnel?
2. What are the most critical attributes of a certification process?
3. What factors may seriously contribute to either the success or the failure of an existing certification program?

We look forward to the contributions that you will bring to this meeting as stakeholders and experts in your respective fields.

For any questions or concerns, please do not hesitate to contact Dr. Greg Shaw (202) 994-6736 gshaw@gwu.edu (cell number 703-851-0224 for the day of the meeting) or me though my contact information below.

Sincerely,

Joseph A. Barbera, MD, Principal Investigator
Associate Professor of Engineering Management (Crisis & Emergency Management)
Co-Director, Institute for Crisis, Disaster, and Risk Management
The George Washington University
O (202) 994-8424
Email: jbarbera@gwu.edu

Attachments:

1. Emergency Management Certification Program for Healthcare System Leaders & Emergency Management Program Managers: Development Strategies, Optional Program Attributes and Implementation Issues
2. Conference Agenda
3. Map for walking directions from closest stop Metro Center available at: http://www.stationmasters.com/System_Map/METROCEN/metrocen.html



APPENDIX D

Invitation Letter

March 15, 2007

Dear Colleague,

We are extending an invitation to you to participate in an important peer review conference hosted by the Institute for Crisis, Disaster and Risk Management (ICDRM) at The George Washington University (GWU). This event is scheduled for April 5, 2007 in Washington, DC. The purpose of the conference is to provide critical evaluation and input to recommendations for an Emergency Management Certification Program for Healthcare System Leaders and Emergency Program Managers. This project is sponsored by the U.S. Department of Veterans Affairs, through the Veteran's Health Administration (VHA). The certifying process will use the recently developed (through our Institute) Emergency Management Principles and Practices for Healthcare Systems as a knowledge and skills basis. The deliverables for this project include recommendations for a comprehensive certification program that can be practically implemented and that, when utilized, signifies competency and professionalism in healthcare systems emergency management. The study findings and recommendations will be in the public domain and available for your use. You are being invited as a representative of your professional discipline in an effort to accomplish a wide-ranging but balanced professional analysis of certification program options.

This is a follow-on project by ICDRM for the VHA and their Emergency Management Academy. The original project work for VHA, started by the Institute for Crisis, Disaster and Risk Management at GWU in December 2004, developed emergency response and recovery competencies for selected job groups within the healthcare system and completed an extensive emergency management curriculum for the VHA. Some of you may have been a part of an expert advice panel in the original project. Additional information on this earlier work is available at the ICDRM website: www.gwu.edu/~icdrm/ or through the VHA at <http://www1.va.gov/emshg/page.cfm?pg=122>

Your insights and feedback on the certification process will be of great value at this phase of the project, and will help to ensure that stakeholder ideas, concerns, and standards of expertise are considered during the development of the certification program recommendations. We are asking you for a day of your time for the meeting, and a commitment to review a white paper. In addition, we are requesting that you prepare comments for discussion at the conference.

For eligible participants, travel expenses will be reimbursed and an honorarium may be available. We will be providing additional logistical details in the near future, but please note that this conference will be held on April 5, 2007 from 9:00am until 3:00pm, and we request that you attend for the entire session.

Kindly confirm that you have received this notification, and indicate your availability and willingness to participate by replying to Dr. Greg Shaw (202) 994-6736 gshaw@gwu.edu. Please provide contact information including fax, phone and the mailing address at which you prefer to receive the materials. Please let us know your decision by 9:00am, March 19, so we can notify alternates for those not attending. For any questions or concerns, please do not hesitate to contact Dr. Greg Shaw or me though my contact information below.

Sincerely,

Joseph A. Barbera, MD, Principal Investigator
Associate Professor of Engineering Management (Crisis & Emergency Management)
Co-Director, Institute for Crisis, Disaster, and Risk Management
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O (202) 994-8424 Email: jbarbera@gwu.edu



APPENDIX E
Stakeholders Conference Attendees

George Washington University - ICDRM

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2. **Anthony Macintyre**
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Department of Defense

15. **Lt. Col. William Kormos**
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Other Organizations

16. **Connie Boatright**
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17. **Robert Ditch**
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18. **Albert H Fluman**
Acting Director NIMS Integration Center
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19. **Jared Hart**



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26. **Daryl Spiewak**
CEM Program Specialist



CEM/IAEM

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27. **Kevin Yeskey**

Acting Deputy Assistant Secretary

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28. **W.R.'Billy' Zwerschke**

Chairman CEM Commission (IAEM)

Past President (IAEM)

CEM/IAEM

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APPENDIX F
Comment Sheet

Name *(optional)*:

Issue:

Discussion:

Recommendations:

