



Team: System Clinical Performance Improvement Committee (SCPIC)

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Committee Members:

1. Mark Ackrell, MD, Associate Medical Director, (Committee Chair)
2. Mark Escott, MD, Medical Director, (Vice-Chair)
3. Jason Pickett, MD, Deputy Medical Director
4. Heidi Abraham, MD, Associate Medical Director
5. Sue Schreffler, MD, Associate Medical Director
6. Bill Coll, Infection Preventionist, OMD
7. Jeff Hayes, Chief of Staff, OMD
8. Bill Leggio, Clinical Operations, Practices & Standards Coordinator, OMD
9. Chris Parker, System Education & Professional Development Coordinator, OMD
10. Louis Gonzales, Clinical Quality & Patient Safety Specialist, OMD

Mission: The primary mission of all clinical quality & performance improvement activities is the 1) identification of clinical quality improvement opportunities within the IOM's six domains of healthcare quality (see appendices), 2) the prevention and mitigation of harm (to patients and providers) associated with the delivery of healthcare, and 3) the implementation of clinical systems designed to reliably improve clinical performance and minimize the risk of harm. The Committee is charged with the continuous review, evaluation, improvement and oversight of all clinical quality and patient safety improvement efforts within the Austin-Travis County EMS System and provides general direction to its various subcommittees (see appendices).

Boundaries: The Committee's responsibilities are limited to those improvement efforts and harm reduction associated with the System Medical Director's medical practice. Improvement activities that more broadly address operations, general occupational safety and cost are typically not under the sole oversight of this committee. The records and specific findings of the Committee are confidential and not authorized for sharing with or viewing by non-Committee or non-Subcommittee members except as otherwise required by DSHS regulations (see appendices).

Roles & Responsibilities: The Committee:

1. members serve as the Systems subject matter experts in the areas of clinical quality, performance improvement, and patient safety
2. directs, oversees and implements (as needed) clinical reviews and evaluations of clinical adverse events including formal patient/family and DSHS complaints
3. utilizes the chair and quality/patient safety specialist to serve as standing members of each agency/organization subcommittee (see Appendices)
4. defines and implements clinical performance measures consistent with the System's overall performance improvement and measurement strategy

5. evaluates adverse event review findings to identify System-wide and systems related causes and improvement actions
6. reviews clinical measures, evaluations, and targeted population data to identify future clinical performance improvement needs
7. employs, to the extent available, standard quality and patient safety terminology as defined by national healthcare quality and/or patient safety organizations
8. meets regularly as determined by the chair but not less than once every two months
9. members participate in scheduled and required Clinical Quality, Performance Improvement and Patient Safety training
10. members maintain confidentiality requirements as defined by the Texas Health & Safety Code (see appendices) as well as the System's Quality & Patient Safety Program

Measures & Initiatives: The Committee defines the specific clinical, performance improvement and/or patient safety measures and initiatives administered by the Committee and its Subcommittees. The Committee monitors other system performance measures targeting patient and provider safety issues as reported by individual system agencies. The following list describes the Committee's target measures and initiatives.

1. TBD

Constraints: There are no specific constraints placed on this Committee though the mission and boundaries outlined above are used to provide direction and limits to scope.

Possible Obstacles & Challenges to the Committee's Success: The Committee recognizes the following as potential obstacles and challenges with respect to achieving the stated mission.

1. The Committee's success depends greatly on the engagement and support of the agencies/organizations practicing under the medical direction of the OMD.
2. The mission requires active participation and acceptance of the OMD's leadership and staff.
3. Field operations personnel and agency/organization subcommittees may require significant time before accepting the mission as being meaningful and sincere.
4. The Committee may have limited influence on budget and spending for clinical quality and patient safety related improvements within agencies/organizations.
5. The size and complexity of the EMS System poses challenges to implementing change in a time period sufficient to address potential patient safety concerns.
6. The culture of some agencies/organizations may have not yet embraced the practice of self-reporting errors and near miss events.

Other Potential Resources: Essential to the Committee's success are the following resources. Other resources are enlisted as needed.

1. OMD executive leadership
2. OMD physicians, mid-level practitioners and staff
3. Agency/organization performance improvement subcommittees
4. Agency/organization education & training groups
5. Agency/organization data management systems & staff

Timelines: The Committee meets at least every two months but may meet more frequently as determined by the chair. Timelines, time intervals and/or frequencies are determined for measures and initiatives during their development.

Project Communication: The Committee will communicate primarily through City of Austin email as well as other communications technology deemed suitable for confidential records.

Communications, documents and data will be labeled as confidential when these items meet the criteria for inclusion as such. Confidential documents to include paper, electronic, and recorded items will be stored in a manner such that access is restricted to Committee members. Additional data systems may be used for secure storage of adverse event data reviews.

Committee Meeting Ground Rules: To promote a respectful, productive and patient focused environment, the Committee has agreed upon the following ground rules.

We will:

1. listen actively to each other
2. respect the thoughts, ideas, time, and concerns of others
3. allow all Committee members to actively participate in discussions, evaluations, and the generation of improvement ideas
4. respect each other's ideas by allowing only one person to speak at one time
5. focus on understanding concerns, problems, clinical improvements, and changes in medical practice with emphasis on a systems approach rather than on individuals
6. focus on improvement ideas and will not address punitive or disciplinary topics
7. make every effort to begin and end meetings on time

Appendices

- **Appendix A** - The Six Domains (or Aims) of Healthcare Quality (IOM)
- **Appendix B** – SCPIC Subcommittee Structure
- **Appendix C** – Texas Health & Safety Code, Chapter 773 Emergency Medical Services, Subpart D – Confidential Communications

This document is maintained by the Austin-Travis County Office of the Medical Director's Quality & Patient Safety Program.

Appendix A

The Six Domains (or Aims) of Healthcare Quality



Committee on Quality of Health Care in America. *Crossing the Quality Chasm, A New Health System for the 21st Century*. Washington, DC: National Academy Press. 2001.

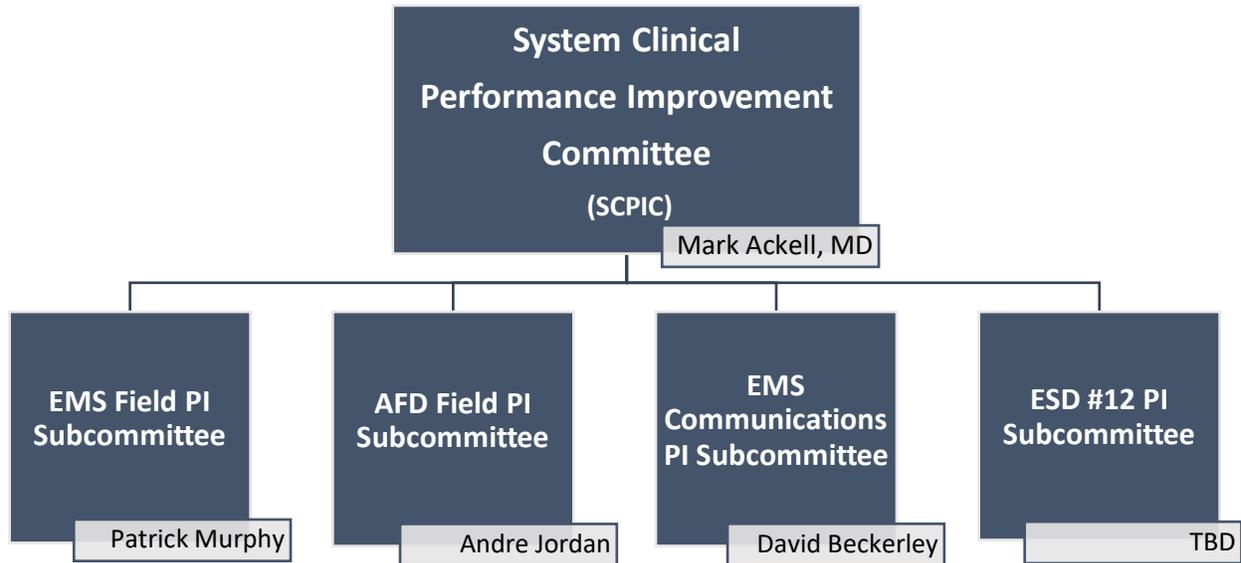
Other sources:

https://www.ahrq.gov/talkingquality/measures/six-domains.html#_ftn1

<https://www.psqh.com/analysis/improvement-interventions-and-the-iom-aims-for-quality-steep-7/>

Appendix B

The SCPIC Subcommittee Structure



Appendix C

Texas Health & Safety Code – Applicable sections

<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.773.htm#773.094>

773.095 – Records and Proceedings Confidential

(a) The proceedings and records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise.

(b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

(c) This section does not apply to records made or maintained in the regular course of business by an emergency medical services provider, a first responder organization, or emergency medical services personnel.

773.094 – Injunction; Damages

A person aggrieved by an unauthorized disclosure of communications or records that are confidential under this subchapter may petition the district court of the county in which the person resides or, in the case of a nonresident of the state, a district court of Travis County for appropriate injunctive relief. The petition takes precedence over all civil matters on the docketed court except those matters to which equal precedence on the docket is granted by law. A person injured by an unauthorized disclosure of communications or records that are confidential under this subchapter may bring an action for damages.

773.096 – Immunity for Committee Members

A member of an organized committee under Section 773.095 is not liable for damages to a person for an action taken or recommendation made within the scope of the functions of the committee if the committee member acts without malice and in the reasonable belief that the action or recommendation is warranted by the facts known to the committee member.