System Clinical Performance Improvement (PI) Committee

Standard:
Define the Clinical Quality Committee structure, activities and documentation for the Austin/Travis County EMS System’s Performance Improvement Program

This standard defines an organized clinical quality committee as referred to in the Texas Health and Safety Code section 773.095. This standard applies to each Organization/Agency providing clinical care under the Medical Direction of the Office of the Medical Director.

Purpose:
Clinical quality and performance improvement activities are to be performed and documented in a structured and uniform fashion. These activities focus on the identification of clinical improvement opportunities and the implementation of methods aimed at clinical performance improvement.

To improve the quality of clinical performance and consistent with the Texas Medical Board requirements for EMS Medical Directors (Section 197.3), the System Medical Director created the System Clinical Performance Improvement Committee (SCPIC). This Committee and its subcommittees are charged with the continuous review, evaluation and improvement of the System’s clinical performance.

This document outlines the committee’s structure and general requirements.

System Clinical Performance Improvement Committee (SCPIC)

1. The SCPIC serves as the Medical Director’s clinical quality committee for the System.

2. The SCPIC provides oversight, direction and central management of all System clinical performance improvement activities.

3. The Medical Director designates the Deputy Medical Director as the Chair of the SCPIC. The Medical Director serves in this role in the absence of the Deputy Medical Director.

4. The Medical Director appoints the following to the SCPIC:
   a. Deputy Medical Director (Chair)
   b. Medical Director (Vice Chair)
   c. OMD PI Coordinator
   d. OMD Chief of Staff
   e. OMD Clinical Standards Coordinator
   f. Associate Medical Director(s)
5. The Medical Director may modify the committee appointments at any time.

6. The Committee meets at least once per quarter. Additional meetings are held as needed.

7. At a minimum, the Chair or Vice-Chair and at least one other SCPIC member are required at each committee meeting.

8. Attendance by any non-committee member is only permitted when necessary to accomplish a specific Committee activity.

9. If needed, the Chair or Vice-Chair may meet with a subcommittee member to perform a task designated by the Committee. Such meetings are considered Committee meetings provided documentation of the meeting is created and filed with the OMD PI Coordinator.

10. Meeting content is restricted to ONLY include activities and discussions directly associated with the clinical review, evaluation and improvement of the Emergency Medical Services System. Other content will be discussed only after the conclusion of the SCPIC meeting.

11. Meeting agendas and minutes are confidential and available ONLY to Committee members performing in their Committee roles. Non-clinical improvement content will not be included in the SCPIC meeting minutes.

12. The SCPIC requires each 911 response agency to create a Clinical Performance Improvement Subcommittee (CPIS). The clinical performance improvement activities of other Organizations operating under the Medical Director are addressed by the SCPIC.

13. The SCPIC establishes System training and procedures related to Performance Improvement activities and reviews.

Clinical Performance Improvement Subcommittee (CPIS)

1. Each 911 response agency/department providing clinical care under the direction of the Office of the Medical Director will create a Clinical Performance Improvement Subcommittee (CPIS).

2. Each subcommittee performs reviews, evaluations and PI activities as requested by the System Clinical Performance Improvement Committee.

3. The subcommittee consists of a minimum of:
   a. the agency’s primary performance improvement officer/contact
   b. the agency’s alternate performance improvement officer/contact
   c. other members (if desired) defined by the agency and approved by the SCPIC Chair or Vice-Chair

4. Attendance by any non-subcommittee member (excluding SCPIC members) is limited to times when absolutely required to conduct subcommittee functions.
5. The subcommittee meets as requested by the SCPIC or as needed but no less than once per calendar quarter. The SCPIC Chair and PI Coordinator must be notified in advance of any planned Subcommittee meetings and agenda.

6. Meeting content is restricted to ONLY include activities and discussions directly associated with the clinical review, evaluation and improvement of the agency/organization or System as directed by the SCPIC.

7. Meeting agendas and minutes are confidential and available ONLY to the subcommittee members and the SCPIC members.

8. System subcommittees will not meet with each other unless requested to do so as part of an SCPIC meeting. This maintains the organized committee and confidentiality requirements outlined in the Health and Safety Code.

9. When only one subcommittee member is available, he/she may meet with the SCPIC Chair, Vice-Chair or PI Coordinator in the course of conducting reviews, evaluations or improvements, or to meet the quarterly requirement.

10. The subcommittee’s primary functions are to perform clinical reviews and evaluations, monitor clinical performance, and implement clinical improvements within the subcommittee’s agency/department under the oversight and direction of the SCPIC.

General Requirements

1. All SCPIC and CPIS members will participate in periodic System provided training on performance improvement topics.

2. All System PI training must be approved by the SCPIC Chair or Vice-Chair.

3. All required System PI training is provided by the Office of the Medical Director.

4. New committee and subcommittee members will receive minimal System PI training within the first 60 days of appointment. (Provided by SCPIC Members)

5. Each subcommittee member must obtain and maintain a System Performance Management/Improvement (PM/PI) qualification as defined in OMD Reference OMDR-2. Maintenance of this qualification also requires annual participation in at least 75% of all required System PI training and meetings.

6. CPIS members who fail to maintain the System PM/PI qualification may not continue to function in any PI capacity or perform PI duties until all requirements are successfully met.
7. The agency will provide the SCPIC Chair or his designee with the names and contact information for its subcommittee members within 3 business days of appointment.

Confidentiality

Maintaining confidentiality of committee and subcommittee proceedings and documents benefits the individual provider, System organizations, Medical Director and Community. For this reason, the System Clinical Performance Improvement Committee and the Clinical Performance Improvement Subcommittee members will maintain the confidentiality of Committee/Subcommittee records and proceedings. Members will follow the procedures outlined in this document in order to meet the intent of the Texas Health and Safety Code section 773.095.

1. The privilege of confidentiality is afforded to the Committee’s records and proceedings in order to promote clinical quality improvement. This section of the Health and Safety Code is not applicable to any other records or activities.

2. Confidential committee and subcommittee documents will only be provided to members approved by the SCPIC Chair or Vice-Chair.

3. Committee and subcommittee records must be maintained separately from any operational, Personnel or other non-clinical PI records.

4. For the purposes of this standard, confidential documents are defined as those that are created for the purpose of achieving the committee’s functions and those created at the committee’s direction.

5. In the event a committee or subcommittee member is alleged to have breached confidentiality requirements, the details of this allegation will be immediately reported to the SCPIC Chair or Vice-Chair. A written record of this allegation must be provided within 2 calendar days.

Documentation

1. The agenda and minutes for SCPIC meetings and activities are maintained by the OMD PI Coordinator.

2. All meetings will have written or typed minutes or notes describing the discussions and activities.

3. All meeting proceedings and committee records created to achieve the committee’s functions are confidential.

4. Access to confidential PI documents is limited to committee members only. If a request for any Committee documents is received including a subpoena or other court request, the SCPIC Chair or Vice-Chair will be immediately notified. The SCPIC Chair or Vice-Chair will notify the City’s or County’s Law Department if needed.
5. The agenda and minutes for CPIS meetings and activities are maintained by the agency’s subcommittee.

6. All meeting proceedings and Subcommittee records created to achieve the subcommittee’s functions or at the direction of the SCPIC are confidential.

7. Subcommittee meeting minutes must be submitted to the SCPIC within 5 calendar days, unless otherwise specified by the SCPIC Chair or Vice-Chair.

8. Confidential documents include review notes, interview notes, incident analysis records, and final resolution of clinical incidents/events. This standard’s confidentiality requirements do not apply to patient care records since these are addressed by federal law.

9. Confidential documents created by this committee process must be labeled as confidential using SCPIC approved text.

10. Email and other communication methods between committee and subcommittee members used to perform their functions as described in this standard remain confidential. Communication with others outside of the Committee/Subcommittee structure may result in the document no longer being considered confidential.

**Structure**

Consistent with the requirements of the Health and Safety Code section 773.095, the System Performance Improvement Committee structure utilizes a single committee for the Emergency Medical Services System.
The above diagram illustrates the relationship between the System's Clinical PI Committee and System 911 Response agency. Each agency is represented by a PI Subcommittee. All clinical review, evaluation and improvement activities of each subcommittee are overseen and directed by the System Clinical PI Committee. Authorized members of each clinical PI Subcommittee are presumed to be operating under the oversight of the System Clinical PI Committee anytime they are performing clinical PI tasks as directed by the Committee. Other activities or tasks performed by subcommittee members without direction of the Committee are not considered to be covered by the provisions of Health and Safety Code 773.095.

**Communications & Standard Changes**

Documents and written communications regarding Committee and Subcommittee structure or activities should be sent via email or mail to both the Committee Chair and the OMD PI Coordinator. Suggestions for changes to this standard or the Committee/Subcommittee structure should be sent in writing to the OMD PI Coordinator.