

Northwest Community EMS System EMS Coordinators/Educators Charter - 2018

I. Purpose and goals

Each System hospital shall appoint a qualified EMS Coordinator (EMSC) as a liaison to the Resource Hospital who will

- A. serve a key leadership role by modeling, advocating for, and coaching excellent EMS education and practice within the System.
- B. foster a professional EMS community that meets or exceeds legal, ethical, academic and practice standards.
- C. ensure the accurate and timely implementation of the EMS strategic plan and policies at their hospital and within their assigned provider agencies.
- D. value and defend the need for practice excellence and life-long learning.

II. Partnership assumptions

- A. The NWC EMSS has a decentralized form of governance in that Provider Agencies are assigned to a hospital for their day to day oversight usually based on geographic proximity and customary transport patterns. An agency may be assigned to a Resource Hospital EMS educator (EMSE) based on existing hospital assignments/capacity and based on mutual discussion and agreement with the nearest system hospital.
- B. We highly value the contributions made by each System hospital EMSC and include them whenever possible in planning, organizing, implementing, and evaluating system activities. They are an integral part of all committees and teams.
- C. It is anticipated that the duties delegated by the Resource Hospital to each Hospital in the System will require a minimum of one FTE to meet EMS commitments. In some cases, hospitals also assign additional resources to EMS based on the number of System affiliations and appoint an EMS educator to assist the Coordinator. See EMSC/Educator Guidelines for a detailed listing of duties and responsibilities.
- D. Frequent bi-directional communication is encouraged between Resource and Associate hospitals and the EMS agencies assigned to them to facilitate horizontal and vertical integration of information and System governance.

III. Composition and members

The EMSCs began meeting as a group in 1978. Meeting attendance was originally limited to Coordinators from the Resource and three Associate Hospitals. Upon growth of the System and inception of the In-station education program, meeting attendance was opened to the EMS MD, all hospital EMSCs and EMSEs and invited guests.

IV. Committee charges

- A. Contribute to the planning, organizing, implementing, and evaluating of the EMS strategic plan and educational programs, striving for best practice models.
- B. Participate in the planning, organizing, implementing, and evaluating of competency assessment for EMS personnel.
- C. Identify changing trends, operational assumptions, drivers and restraining factors that impact planning and delivery of EMS services.

V. Team citizenship assumptions

- A. To operationalize our unique alliance, it is the prevailing tenet that all system members will put the good of the System above the desires or wishes of one constituent organization. Each has an opportunity to present opinions and suggestions but group consensus determines our course of action unless superseded by a directive from the EMS MD or EMS Administrative Director.

- B. Communication will be open and professional.
- C. Dissenting points of view will be encouraged and respectfully considered.
- D. Committee members are responsible for completing assignments in a timely manner, participating in meetings, reading minutes if a meeting is missed, and being prepared to contribute to discussions, provide feedback, and/or report progress at meetings.
- E. Confidentiality will be maintained when specified.
- F. Members will be familiar with the Illinois EMS Act and Rules, the System Standards of Practice (EMS Strategic Plan, SOPs, Policy Manual, Procedure Manual, Drug & Supply List), National EMS Agenda for the Future, National EMS Education and Continuing Education Standards, and current issues facing EMS Systems/providers with respect to education, continuing education, EMS practice, and quality improvement in order to execute their duties and make informed decisions/recommendations.
- G. Members shall contribute to developing EMS "best practice" models and suggest methods to achieve those models.

VI. **Meetings**

- A. The EMS Coordinators meet the fourth Friday of each month from 0930 pm to 1330 pm in the Kirchoff Center conference room. Extending debate/discussion must be agreed upon by 2/3 the meeting participants in accordance with Robert's Rules.
- B. Meeting facilitator: EMS Administrative Director or designee
- C. Meeting secretary: EMS secretaries
- D. Hospital attendees: EMS Medical Director
EMS Administrative Director
All EMS Coordinators/Educators
Peer IV educators (CE orientation as applicable)
- E. Room scheduling: EMS Admin Secretary

VII. **Location of minutes**

- A. Maintained on the NCH G drive under the EMSC folder and shall be posted to the System website.
- B. Minute distribution: EMS Coordinators/Educators; EMS MD