

Northwest Community EMS System
PBPI Committee Charter - 2019

I. Composition and members

The Provider-Based Performance Improvement (PBPI) Committee evolved from the System Advisory Board. In June of 1991, Colin Carroll (DPFD) proposed a plan by which representatives would be chosen from EMS providers to coordinate the System's quality improvement initiatives under the name of the Provider-Based Quality Improvement (PBQI) Committee. In June 1996, the committee changed its name to Provider-Based Performance Improvement to more accurately reflect its mission and goals. Each EMS agency/hospital has one self-selected member.

II. Goals and objectives: See Annual CQI Plan for details.

Measure and improve the quality of care throughout the System in compliance with standards of practice.

III. Committee charges/issues to bring to the Committee

- A. The PBPI Committee is charged with creating and implementing the System's Performance Improvement Plan and making recommendations for the Quality Management section of the System Strategic Plan. They focus on high-risk behaviors and gather information relative to system activities through retrospective run reviews, concurrent monitoring of performance, test/assessment results, and comments from system members.
- B. Trends are analyzed and opportunities for improvement are identified. The committee explores possible process changes or recommends continuing education that would improve overall performance and seeks approval from appropriate system committees/individuals to implement these suggestions.
- C. Once corrective action has been initiated, the evaluation process begins again to determine the degree of improvement and the need for further action. They prepare summary reports of their findings for distribution to administrators and system members through the In-Station visits.

IV. Committee positions and responsibilities

- A. **Chairperson-** The Chairperson shall be the presiding member for all meetings, conducting the meeting in accordance with the agenda and PBPI Plan. He or she shall also expedite committee business compatible with the rights of all members, respond to inquiries of members relating to the business of the Committee, authenticate by his or her signature when necessary, all acts, orders, and proceedings of the Committee, and serve as a liaison to the System in matters pertaining to the Committee. The Chairperson, or his/her designee, shall also be responsible for data collection/submission from the committee and the creation and presentation of a detailed report summarizing the screen results as outlined in the PBPI plan. The Chairperson will also be responsible to convene sub-committees to address specific topics or issues when necessary. Lastly, s/he will appoint/recommend additional positions as needed.
- B. **Vice-Chairperson-** The vice-chairperson shall be responsible for weekly reviews of system sentinel events along with notification to appropriate parties when deemed necessary. The vice-chairperson shall also perform such duties as may be prescribed from time to time by the Chair and/or committee. The Vice-chair assumes the Chair's responsibilities if the Chair is absent or the Chairperson leaves the chair.
- C. **Secretary-** The secretary is the recording member of the Committee. They shall keep a record of all proceedings of the committee to be distributed and call the meeting to order in the absence of the Chair and Vice-chair. The secretary will also post approved minutes and general synopsis of screen results to the system website.
- D. **Data Coordinator –** Will work with the Chairperson in writing queries in Image Trend, complete special data projects for the system and work with CARS on documentation.

- E. **Screen Coordinator-** Will work with the Chairperson in writing screens, compiling data, and producing a summary documentation for the committee.

V. **Individual committee member responsibilities**

- A. Share information on PBPI activities with their EMS agency colleagues.
- B. Serve as a communication liaison between the System and their EMS agency with respect to quality initiatives/findings.
- C. Contribute to developing "best practice" models.
- D. Establish quality consistency between EMS agencies across the System.
- E. Praise excellent care within their EMS agency.
- F. Educational role for their EMS agency members relative to quality management.
- G. Evaluate, monitor, communicate, and collaborate on accomplishment of QI goals.

VI. **Boundaries**

- A. The PBPI Committee shall establish an annual operating plan using the tenets of this charter and the System Strategic Plan to give direction and purpose to its function.
- B. All sensitive or protected information discussed at committee meetings is to be held strictly confidential per Federal and State laws and regulations.
- C. Representatives shall not bring quality issues to the Committee that are individual or agency-specific and could create labor conflicts within theirs or another EMS agency.

VII. **Meetings**

- A. The Committee meets on the first Wednesday of each month at 9:00 AM in rooms announced on the annual meeting calendar.
- B. Meeting facilitator: Chairperson of the Committee
- C. Meeting secretary: Elected by the Committee
- D. Minute distribution: Posted to System website after committee approval

VIII. **Length of Commitment**

- A. The chairs of the committee will serve for 2 year terms. Terms may be extended or renewed based on a majority vote of committee member and the consent of the sitting chairs.
- B. Elections for officer positions will be occur in offset years. Committee Chair and Vice-chair will be elected in odd years starting in 2019. Secretary, Data Coordinator and Screen Coordinator will be elected in even years starting in 2020 with a special one year term served by those officers elected in 2019.
- C. Elections for new officers will be by a majority vote of committee members present and will occur in December.
- D. Notice of election will be provided at least 21 days in advance of the meeting at which a vote will be taken.
- E. Member positions shall remain current until replaced by the hospital administrator/chief or EMS director.

CJM: 7/94; Rev: 7/96; 6/98; 1/05; 1/06; 1/10; 1/11; 1/12;
 RGS: 1/13; 1/14
 SW: 1/16
 JB: 1/17, 10/17, 01/18, 01/19