COMMITTEE CHARTER

Team: A/TC Clinical Initiative Review Committee ***Charter Ver***: 1.2 (7.17.2018)

Committee Members

1. OMD Physician Designee* (Committee Chair) – Mark Escott, MD
2. OMD Deputy Medical Director – Travis County (Vice Chair)* - Mark Ackrell, MD
3. AFD Chief Officer or a specified designee – DC Robert Bredahl
4. AFD Chief Officer or a specified designee – BC Tom Vocke
5. EMS Chief Officer or a specified designee – AC Andy Hofmeister
6. EMS Chief Officer or a specified designee – AC Teresa Gardner
7. ESD (ALS Response) Chief Officer or a specified designee – BC Scott Fernandes
8. ESD (ILS Response) Chief Officer or a specified designee – Chief Ryan Smith
9. ESD (BLS Response) Chief Officer or a specified designee – Chief Walter Groman
10. Corporate EMS First Responder – Josef Zeevi
11. Texas Department of Public Safety specified designee – Jason Dush
12. Travis County EMS – James Kempema, MD
13. Travis County EMS - Ashley Voss-Liebig
14. Ad Hoc Member*
15. OMD Patient Safety/Process Physician Advisor – Kate Remick, MD
16. OMD Patient Safety/Process Advisor – Louis Gonzales

*Designated by ATC OMD Medical Director
NOTE: In an effort to maintain continuity and consistency within the committee's operations, members are asked to serve as the primary representative of their respective organizations by attending meetings and participating in proposal reviews. Recognizing the challenges with busy schedules, committee members may select a single specific person to serve as their alternate at times when the member is unable to participate.

Mission

The primary mission of the Austin/Travis County Clinical Initiative Review Committee (CIRC) is to review, evaluate and define the implementation plan for any new or revised clinical initiative. Two broad and essential functions of the Committee are to 1) evaluate the impact of new or revised clinical initiatives on each System Organization and 2) develop timely, effective implementation plans for such initiatives. This Committee functions collaboratively to promote the safe, effective, and efficient medical care provided to those utilizing the City of Austin / Travis County Emergency Medical Services System.

The Clinical Initiative Review Process is essential to ensuring the safe, effective and efficient review and implementation of new or revised clinical initiatives. This Committee is a critical component of this process.

Definitions

- Clinical – pertaining to the EMS medical practice as defined under TAC 22 Chapter 197.
- Drug/Medication – a finished dosage form containing a drug substance intended to furnish pharmacological activity or other direct effect in the diagnosis, mitigation, treatment or prevention of disease, or to affect the structure or any function of the human body.
- Initiative / Project – a proposed new or revised action, guideline, strategy, proposal, method, or device intended for the diagnosis, prevention, and/or treatment of disease or injury. For the purposes of this process, initiative and project are used synonymously.
- Medical Device – an instrument, tool, machine, software, or other similar or related article or equipment which is intended for use in the diagnosis, treatment and/or prevention of disease or injury.
- Medical Intervention – an action taken with the intent of modifying a clinical outcome (e.g. treatment) typically performed to treat or cure a condition. In some cases, an intervention is used to prevent disease or a specific condition.

Boundaries

Clinical initiatives often have operational impacts and operational changes often have clinical impacts. Any system changes that have the potential to impact clinical care will be reviewed by the committee. Clinical evidence reviews and clinical priorities for all proposed clinical initiatives are first collated and prioritized by the Office of the Medical Director. Evidence reviews and priorities for all proposals are then submitted to the Committee for further review. Consistent with Texas law, the ultimate approval of any new or revised clinical initiative, medical device or medical intervention lies solely with the EMS System Medical Director (Texas Occupations Code, Chapter 164.052(17)). This should not be confused with implementation of an approved clinical initiative since implementation requires a collaborative approach. Excluded from this process are changes related to credentialing processes, minor edits to clinical guidelines and changes to patient receiving center capabilities. The operational aspects and impacts of credentialing processes remain within the scope of the Clinical Initiative Review Process.

Roles & Responsibilities

Committee members are tasked with the following activities and responsibilities:

1. Actively participate in scheduled Committee meetings
2. Review new or revised clinical proposals
3. Review summary documents on clinical effectiveness, evidence base, supporting documents, alternatives and potential impact on patient safety and provider safety.
4. Provide feasibility feedback with specific focus on how the proposal impacts:
    a. New/existing policies, procedures and clinical operating guidelines
    b. Training and education requirements
    c. Evaluation or testing of individual providers
    d. New/revised credentialing requirements
    e. Infection prevention and control measures
    f. Clinical documentation requirements & capabilities
    g. Data capture requirements
    h. Quality/Performance Improvement review needs

i. Timing with other System or Organization initiatives or activities
j. Time required to implement
k. Need for further study, testing, field evaluation or research
l. Long term impact on operations and budget
m. Unintended consequences

5. Seek input from respective System Organizations and committees or councils within the member's respective organization
6. Participate in proposal discussions to determine feasibility and/or alternative solutions
7. Provide cost estimates and financial impact for initial implementation, ongoing use and other associated costs (e.g., training, monitoring, etc.)
8. Provide input on operational feasibility
9. Identify and discuss potential implementation barriers and solutions for overcoming barriers
10. Define additional steps, if needed, for further review, testing or evaluation
11. Develop a high level implementation plan to include implementation goals, target milestones, timeline based on priority, and responsible staff for key implementation steps (define implementation team)
12. Communicate Committee discussions and action items with Organization leadership not represented on the Committee
13. Publish Committee meeting minutes

Committee Deliverables & Measures

TBD

Constraints

There are no specific constraints placed on this Committee other than those outlined above in the Roles & Responsibilities and the Boundaries sections.

Possible Obstacles & Challenges to the Committee's Success

The Committee recognizes the following as essential to its success. Not having these essential items would create potential obstacles and challenges with respect to achieving the Committee's mission.

1. The Committee's success depends greatly on the engagement and support of each Organization's executive leadership.
2. The Committee depends on the active participation of each Committee member as well as the support staff of each System Organization.
3. At times, the safety and prevention of harm to patients may require implementation at a quicker than expected implementation pace and may require reallocation of budget.
4. Agency size and responsiveness to change may require differing implementation timelines for individual System Organizations.

Required Resources

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

1. Commitment of Executive Leadership to provide appointed committee members the time to fully participate in committee meetings and complete committee responsibilities
2. Patient Safety and Infection Prevention specialists
3. Data capture, collection and analysis staff
4. Training and Education staff
5. Clinical Quality & Improvement staff

Timelines

The committee will meet monthly unless no proposals are in need of review or continued discussion. In circumstances of risk of patient harm or patient/provider safety, additional meetings or conference calls may be convened. In the absence of extenuating circumstances, the Chair will provide a meeting agenda, location and pertinent review information to committee members at least ten (10) business days prior to each scheduled meeting. Target milestone timelines and intervals for specific actions are defined by the implementation plan and communicated to all affected parties.

Project Communication

Committee members will communicate with each other primarily through email and meeting documents distributed prior to, during and after scheduled meetings. The Committee will determine and create additional communication methods as needed.

The Committee will share meeting minutes and ongoing activities with appropriate staff within each Member's respective Organizations. The Committee Chair and Vice Chair will ensure the same information is provided to all System Organizations.

Committee Ground Rules for Effective Meetings

To promote a respectful, productive and patient focused environment, the Committee has agreed upon the following meeting ground rules.

1. Maintain commitment and focus on the Committee's mission.
2. Listen actively to each other.
3. Respect the thoughts, ideas, time, and concerns of others.
4. Allow all Committee members to actively participate in discussions, evaluations, and the generation of ideas and solutions.
5. Respect each other's ideas by allowing only one person to speak at one time.
6. Focus on improvement ideas using a systems approach.
7. Make every effort to begin and end meetings on time.

Appendices

Appendix A –Clinical Initiative Review Process Flow Diagram
Appendix B –Clinical Initiative Review Process