

COMMITTEE CHARTER

Name of Committee: PERFORMANCE IMPROVEMENT COMMITTEE

Date Template Completed: May 23, 2018

Purpose of Committee:

The Performance Improvement Committee (PIC) is formed to have oversight over hospital-wide Quality Assessment and Performance Improvement (QAPI) activities. The overall goal of this Committee is to ensure that the oversight provided is aligned with the Hospital's mission of providing quality patient care in a safe environment. Moreover, it includes ensuring that we are compliant with all standards and regulations of our regulatory bodies via continuous monitoring of performance indicators and measures.

Specific Committee Functions and Responsibilities:

Each member has a significant function that has an equal weight of duties for this Committee. The expectation of PIC members includes the following:

- Attend each monthly meeting no less than 83% of the time each calendar year. If a member is not able to attend, an identified representative shall act on his/her behalf. Notice to the Chairperson of the PIC shall be in writing or at least by e-mail prior to the meeting date.
- Provide each member general courtesy and respect. Discussion that deviates from the current topic and objectives are considered avoidable. The Chairperson is responsible to re-focus discussion back to the pertinent item on the agenda of the meeting.
- Be responsible for his/her roles and responsibilities (refer to Committee Member and Selection of Committee section).
- Direct the request for information or action items from the Committee to the appropriate hospital teams/committees.
- Ensure that the working committees/taskforces are committed to its delegated tasks and responsibilities. Whereas if it is identified that the working committee/taskforce is not functioning as planned, a review of the effectiveness of its leadership shall be conducted. If it is determined that the leader of the working committee/taskforce is ineffective, the Committee will request for a change in leadership, and the overseeing member shall conduct further personnel actions based on the Human Resources policy and procedure.
- Review and prepare to report to the PIC and Board of Trustees Quality & Safety Subcommittee, his/her responsible indicators/measures, contract-related QAPI, and staffing adequacy analyses, which he/she has oversight for.
 - Significant indicators/measures, contract-related QAPI, and staffing adequacy analyses, shall be discussed by the members during the meeting, wherein improvement actions and recommendations can be brought forth and as necessary, redirected to the respective working committee/taskforce by the overseeing member.
- The Committee shall vote on the recommendations when it has been identified that a decision needs to be made. A majority vote indicates that the recommendation shall be approved. The approved recommendation shall be forwarded to the working committee/taskforce.
- Set annual goals for the patient and staff satisfaction surveys, analyze the results and strategize on the action plan for improvement, in conjunction with the appropriate responsible department(s).
- Discussions shall be documented in the meeting minutes (done by an Administrative Assistant or designated Scribe), wherein action plans, responsible party and completion date shall also be documented and followed up at each meeting (as an open item) until the members determine that the task has been completed.
- Complete and submit QAPI reports a week prior to the committee meetings. Members' QAPI reports will then be presented at subsequent Board of Trustees (BOT) Quality and Safety (Q&S) Subcommittee meetings.
- Complete and submit an annual QAPI evaluation to the BOT-Q&S Subcommittee (for the area which the member is responsible for/overseeing), to include recommendations for the following calendar year's QAPI improvement opportunities/QAPI projects, etc.
- Conflicts that arise amongst members of the Committee shall be addressed outside the scheduled meeting with the Chairperson as a mediator. Should it be identified that the conflict is directly related to a concern of quality

COMMITTEE CHARTER

and safety within our Hospital, the concern/issue shall be immediately addressed by the working committee/taskforce wherein a risk assessment shall be provided to the PIC as soon as possible.

Committee Authorized By:

This team is authorized by the BOT, which has overall authority and responsibility over the operational functions of our Hospital. The BOT Q&S Subcommittee shall have direct oversight over the PIC. This BOT Subcommittee authorizes the PIC to take appropriate actions on concerns that contradicts our mission and strategic plan initiatives.

Date Implemented:

This Committee has been in effect since 1995.

Committee Chair: Hospital Administrator/CEO, or designee

Committee Recorder: Transcriptionist / Administrative Assistant or Designated Scribe

Location of Minutes and Committee Documents/Reports: All minutes, its attachments and other documents/reports discussed in the Committee’s meeting shall be (1) placed in a 4” Binder, (2) stored in the Administration Office, and (3) maintained by the Committee Recorder. One binder will include a calendar year’s documents. These documents shall have a retention period of five years.

Alignment of Committee to System Processes: *See attached reporting pathway and reporting process*

Alignment of Committee to strategic initiatives:

QAPI indicators/measures are aligned with the standards and regulations of our regulatory bodies, our Hospital’s Mission and Vision, Core Values and strategic plan. Thus, the Committee shall provide oversight to QAPI activities that meet the following Strategic Initiatives: (1) achieve financial stability, (2) leadership team development, (3) establish and sustain safety and quality culture, (4) training and education assessment and implementation, (5) capital improvement planning and implementation.

Committee Members:

POSITION TITLE	NAME	Contact Info (email/ telephone number)
Hospital Administrator/CEO	PeterJohn Camacho, MPH	peterjohn.camacho@gmha.org 647-2203
<u>Duties & Responsibilities:</u>		
<ul style="list-style-type: none"> • Provide effective leadership (as Chairperson of the Committee), ensuring that the purpose of the Committee, its operational function and responsibility is met. • Ensure that members of the Committee meet the required expectations. Ensure that the respective division administrators and/or chairpersons of individuals/committees/task forces provide an action plan for and follow up with negative trends (indicators/measures failing to meet goals) identified in their reports. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). • Ensure that the QAPI activities are aligned with the Hospital’s Mission, Vision, Core Values and Strategic Initiatives. • Provide the BOT Q&S Subcommittee with monthly/quarterly and annual executive summaries (verbal and written) of significant indicators/measures, contract-related QAPI, and staffing adequacy analyses from the PIC. 		
Associate Administrator of Operations	Oversight by PeterJohn Camacho, MPH	peterjohn.camacho@gmha.org 647-2203
<u>Duties & Responsibilities:</u>		
<ul style="list-style-type: none"> • Schedule monthly meetings with the directors/department managers/supervisors of the division and the Environment of Care (EOC) Committee, who will report his/her QAPI activities. 		

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POSITION TITLE	NAME	Contact Info (email/ telephone number)
<ul style="list-style-type: none"> • Have oversight of the departments of the Operations (OPS) Division and the EOC Committee. <ul style="list-style-type: none"> ○ Report to the PIC and BOT-Q&S Subcommittee significant indicators from the departments of the OPS Division, and the EOC Committee. • Ensure that these QAPI activities are aligned with the Hospital’s Mission, Vision, Core Values and Strategic Initiatives. • Ensure that the directors/department managers/supervisors and members of the working committees provide action plans for and follow up with negative trends (indicators/measures failing to meet goals) identified in their reports. Ensure the use of the QAPI methodology - the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). • Provide the Committee and BOT Q&S Subcommittee with monthly/quarterly and annual QAPI reports (verbal and written) of indicators/measures, contract-related QAPI, and staffing adequacy analyses from his/her respective area. 		
Associate Administrator of Medical Services	Vincent Duenas, MD	vincent.duenas@gmha.org 647-2330 (via GMH operator)
<p><u>Duties & Responsibilities:</u></p> <ul style="list-style-type: none"> • Schedule monthly meetings with the directors/department managers/supervisors of the division who will report his/her QAPI activities. • Provide the Committee and BOT Q&S Subcommittee with monthly/quarterly and annual QAPI reports (verbal and written) of the significant indicators/measures, contract-related QAPI, staffing adequacy analyses and PI activities related to his/her respective area and as it deals with medical staff, medical staff committees, and any other quality and safety concerns. <i>Note: the Medical Executive Committee (MEC) and its underlying Medical staff departments and committees maintain their QAPI responsibilities per the Medical Staff Bylaws and report directly to the BOT Q&S Subcommittee via the MEC Chairperson.</i> • Ensure that any significant indicators/measures that have a negative trend (fail to meet goals) have an action plan and follow up with its respective working medical staff department/committee. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). • Ensure that these QAPI activities are aligned with the Hospital’s Mission, Vision, Core Values and Strategic Initiatives. • Have concurrent oversight of the QAPI activities of the Medical Staff Departments, Medical Staff Committees, and the departments of Medical Services Division. 		
Associate Administrator of Clinical Services	VACANT	VACANT
<p><u>Duties & Responsibilities:</u></p> <ul style="list-style-type: none"> • Schedule monthly meetings with the directors/department managers/supervisors/assistant administrators of the divisions who will report his/her QAPI activities. • Have oversight of the departments of Nursing Services and Professional Support Services <ul style="list-style-type: none"> ○ Report to the PIC significant indicators/measures from the departments. • Ensure that these QAPI activities are aligned with the Hospital’s Mission, Vision, Core Values and Strategic Initiatives. • Ensure that the directors/department managers/supervisors and members of the working committees provide an action plan for and follow up with negative trends (indicators/measures failing to meet goals) identified in their reports. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). • Provide the Committee and BOT Q&S Subcommittee with monthly/quarterly and annual QAPI reports (verbal and written) of indicators/measures, contract-related QAPI, and staffing adequacy analyses from his/her respective area. 		

COMMITTEE CHARTER

POSITION TITLE	NAME	Contact Info (email/ telephone number)
Assistant Administrator of Nursing Services	Zennia Pecina, MSN, RN, CCHP	zennia.pecina@gmha.org 647-2400
Deputy Assistant Administrator, Nursing Services (Acting)	Rhodora Cruz, MSN, RN, CEN	rhodora.cruz@gmha.org 647-2310
<u>Duties & Responsibilities:</u> <ul style="list-style-type: none"> • Schedule monthly meetings with the directors/department managers/supervisors of the division who will report his/her QAPI activities. • Have oversight of the departments of Nursing Services <ul style="list-style-type: none"> ○ Report to the PIC significant indicators/measures from the departments. • Ensure that these QAPI activities are aligned with the Hospital's Mission, Vision, Core Values and Strategic Initiatives. • Ensure that the directors/department managers/supervisors and members of the working committees provide an action plan for and follow up with negative trends (indicators/measures failing to meet goals) identified in their reports. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). • Provide the Committee and BOT Q&S Subcommittee with monthly/quarterly and annual QAPI reports (verbal and written) of indicators/measures, contract-related QAPI, and staffing adequacy analyses from his/her respective area. 		
Assistant Administrator of Professional Support Services	Oversight by Vincent Duenas, MD	vincent.duenas@gmha.org 647-2330 (via GMH operator)
<u>Duties & Responsibilities:</u> <ul style="list-style-type: none"> • Schedule monthly meetings with the directors/department managers/supervisors of the division who will report his/her QAPI activities. • Have oversight of the departments of Professional Support Services <ul style="list-style-type: none"> ○ Report to the PIC significant indicators/measures from the departments • Ensure that these QAPI activities are aligned with the Hospital's Mission, Vision, Core Values and Strategic Initiatives. • Ensure that the directors/department managers/supervisors and members of the working committees provide an action plan for and follow up with negative trends (indicators/measures failing to meet goals) identified in their reports. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). • Provide the Committee and BOT Q&S Subcommittee with monthly/quarterly and annual QAPI reports (verbal and written) of indicators/measures, contract-related QAPI, and staffing adequacy analyses from his/her respective area. 		
Chief Financial Officer	Benita Manglona, CPA, CGMA	benita.manglona@gmha.org 647-2828
<u>Duties & Responsibilities:</u> <ul style="list-style-type: none"> • Schedule monthly meetings with the directors/department managers/supervisors of the division who will report his/her QAPI activities. • Have oversight of the departments of Fiscal Services <ul style="list-style-type: none"> ○ Report to the PIC significant indicators/measures from the departments. • Ensure that these QAPI activities are aligned with the Hospital's Mission, Vision, Core Values and Strategic Initiatives. • Ensure that the directors/department managers/supervisors and members of the working committees provide an action plan for and follow up with negative trends (indicators/measures failing to meet goals) identified in their reports. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). 		

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POSITION TITLE	NAME	Contact Info (email/ telephone number)
<ul style="list-style-type: none"> Provide the Committee and BOT Q&S Subcommittee with monthly/quarterly and annual QAPI reports (verbal and written) of indicators/measures, contract-related QAPI, and staffing adequacy analyses from his/her respective area. 		
Risk Management Program Officer	Aurora Cabanero	aurora.cabenero@gmha.org 648-6763
<p><u>Duties & Responsibilities:</u></p> <ul style="list-style-type: none"> Be involved in the development of the root cause analysis for adverse events, sentinel events, and other incidents warranting deeper analysis (e.g. near misses occurring frequently). Report monthly/quarterly and annually to the PIC and BOT-Q&S (verbal and written), occurrences/incidents/ events reported within the Hospital and significant trends/patterns, analyses, improvements, lessons learned, feedback provision and information dissemination to hospital staff, and proactive measures implemented. Communicate with members any involved risk or ethical concerns that may cause the Hospital future litigations. 		
Administrator of Quality, Patient Safety and Regulatory Compliance	Danielle Manglona, MSN, MBA-HCM, RNC-OB, CPPS, CPHRM	danielle.manglona@gmha.org 648-6769
<p><u>Duties & Responsibilities:</u></p> <ul style="list-style-type: none"> Have oversight of the Compliance Office and collaborate with individuals/committees/task forces on quality, patient safety, and regulatory compliance. Provide guidance and resources, as needed, to individuals/committees/task forces on quality, patient safety, and regulatory compliance. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). Provide the Committee and BOT-Q&S with quarterly and annual status reports (verbal and written) of the significant activities from his/her respective area. Communicate with the members any updates/changes with the standards and regulations of the Joint Commission and the Centers for Medicare & Medicaid Services (CMS). 		
Performance Improvement Coordinator	Veronica Cruz, BSN, RN	veronica.cruz@gmha.org 648-6711
<p><u>Duties & Responsibilities:</u></p> <ul style="list-style-type: none"> Attend hospital working groups' meetings periodically, to assist the Committee with evaluating QAPI program effectiveness. <ul style="list-style-type: none"> Provide additional guidance and educational resources as needed, to hospital working groups, to assist with compliance with QAPI requirements. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan - Administration Policy# A-PI100). Create/develop a dashboard for the BOT Q&S Subcommittee. Assist the Committee with the written annual evaluation of the QAPI program's effectiveness (reporting pathway, reporting process of monthly rotation, reporting templates, and any QAPI-related education). 		
Transcriptionist / Administrative Assistant or Designated Scribe	Jacqueline Taitano	jacqueline.taitano@gmha.org 647-2367

COMMITTEE CHARTER

POSITION TITLE	NAME	Contact Info (email/ telephone number)
<p>Duties & Responsibilities:</p> <ul style="list-style-type: none"> Schedule PIC meetings (in accordance with the Chairperson’s approval) and send notices to the members via email, indicating date, time, and location. Record meeting minutes and prepare the minutes and agenda for members’ review a week prior to the next scheduled meeting. Maintain and update the PIC binder, which shall contain all the approved minutes, agenda and its attachments (records/reports). 		

Membership Selection Process:

As stated in the Quality Assessment and Performance Improvement Plan (Administration Policy# A-PI100), the members of the PIC include the Executive Management Council (EMC) and the Performance Improvement Coordinator.

Should it be identified by majority of the Committee that a member has not abided to the expectations as stated in this Committee Charter; the Chairperson/Hospital Administrator shall determine further actions towards that specified member with reference to respective Human Resources policy and procedures.

Should it be identified by the members that an additional member is needed based on the ongoing discussions of issues and concerns, the members can elect for that additional member and request for approval from the Hospital Administrator to formally include that individual to the PIC via a memorandum.

Committee Process to manage its own Internal Continuous Quality Improvement:

The overall goal of this Committee is to ensure that a quality and safe environment is provided to our patients, staff and visitors. At the end of the meeting, a recap of the significant discussions will take place, with the identified responsible member, who will ensure that an action plan is in place with an indicated completion date. These significant findings will remain an open item on the agenda until the members decide that the item has been resolved, and that the improvement process is sustaining a positive outcome.

Committee Process to Communicate Activities to others:

The members of the PIC will communicate with one another through various means. Electronic and telephone communication are the best used modes outside the meeting. Each member is expected to respond to inquiries of other members in a timely manner. Should a member be unable to provide a response, he/she should advise the group immediately, so that completion dates are not delayed.

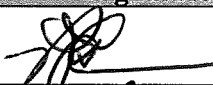
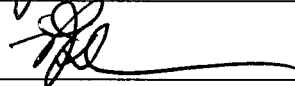

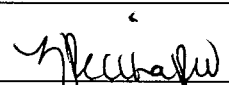

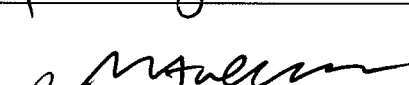
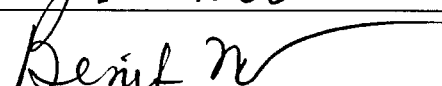
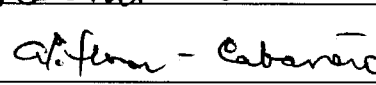


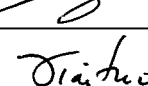
The staff of the Hospital shall be informed of the status of overall hospital QAPI activities through a quarterly newsletter. Furthermore, staff should be informed (by their department manager/supervisor) of their unit’s QAPI indicators through monthly staff meetings.

Meeting Schedule:

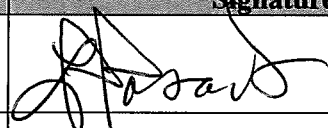
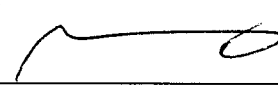
- Committee meetings shall be held on every third Wednesday of each month.
- The location of the meetings shall take place in the Boardroom. If the Boardroom is unavailable, logistical information shall be provided (by the Transcriptionist / Administrative Assistant or Designated Scribe) to the members via email notification.

COMMITTEE CHARTER

Signatures: By signing below, you acknowledge and accept the functions and responsibilities of the Committee and your individual roles and responsibilities.

Name & Position	Signature	Date
Peter John Camacho, MPH Hospital Administrator/CEO		05/29/18
Oversight by Peter John Camacho, MPH Associate Administrator of Operations		05/29/18
Vincent Duenas, MD Associate Administrator of Medical Services		5/29/18
Vacant Associate Administrator of Clinical Services		
Zennia Pecina, MSN, RN, CCHP Assistant Administrator of Nursing Services		5/29/18
Rhodora Cruz, MSN, RN, CEN Deputy Assistant Administrator of Nursing Services (Acting)		5.29.18
Oversight by Vincent Duenas, MD Assistant Administrator of Professional Support Services		5/29/18
Benita Manglona, CPA, CGMA Chief Financial Officer		5/29/18
Aurora Cabanero Risk Management Program Officer		5/29/2018
Danielle Manglona, MSN, MBA-HCM, RNC-OB, CPPS, CPHRM Administrator of Quality, Patient Safety & Regulatory Compliance		29 May 2018
Veronica Cruz, BSN, RN Performance Improvement Coordinator		5/29/18
Jacqueline Taitano Administrative Assistant		05/29/18

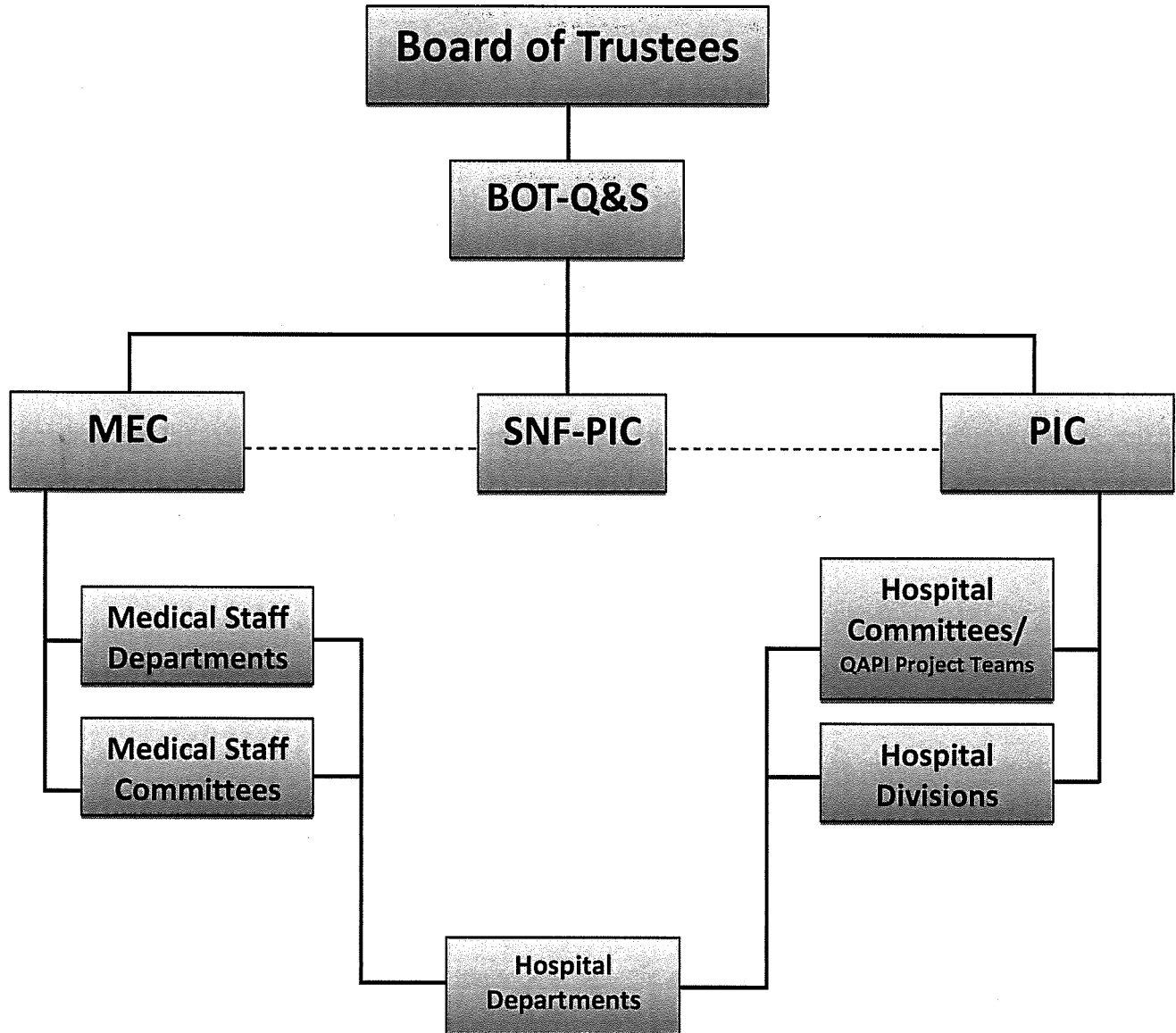
Approval:

Name & Position	Signature	Date
Lillian Perez-Posadas, MSN, RN BOT - Q&S-Subcommittee, Chairperson		5/30/18
Eloy Lizama BOT Chairperson		5/31/18

COMMITTEE CHARTER

Quality Assessment and Performance Improvement Reporting Pathway

Revised September 2017



COMMITTEE CHARTER

Quality Assessment and Performance Improvement Reporting Process – Monthly Rotation

Revised December 2017

NOTE: ALL Rotation Months must submit written PI reports per the deadlines specified in the QAPI Schedule and Deadlines. This Rotation schedule specifies when Departments/Units' verbal reports must be done at monthly Division PI meetings.

MONTH 1
<p>Verbally reports at Division PI meetings: January, April, July, October</p> <ul style="list-style-type: none"> • NURSING ICU, Med-Surg, Surgical, Tele-PCU • FISCAL Pt. Registration, Medical Records • OPERATIONS Comm. Center, Human Resources, IT Dept., Guest Relations • Patient Satisfaction Survey, Patient Complaints & Grievances • PRO-SUPPORT Special Services, Urgent Care, Education Dept., Laboratory Dept. • MEDICAL SERVICES Employee Health Svcs., Infection Control • ENVIRONMENT OF CARE COMMITTEE

MONTH 2
<p>Verbally reports at Division PI meetings: February, May, August, November</p> <ul style="list-style-type: none"> • NURSING OR, ER, Hemodialysis, Patient Education • FISCAL Patient Affairs • OPERATIONS Environmental Services, Facilities Maintenance, Planning Dept. • PRO-SUPPORT Pharmacy Dept., Radiology Dept., Dietary Dept. • MEDICAL SERVICES Utilization Review, Medical Staff Office • SKILLED NURSING FACILITY PI COMMITTEE

MONTH 3
<p>Verbally reports at Division PI meetings: March, June, September, December</p> <ul style="list-style-type: none"> • NURSING Pediatrics-PICU, OB Ward, Nursery-NICU, Labor & Delivery • FISCAL Finance & Payroll • OPERATIONS Safety Dept., Security Dept., Materials Management • EEO Report (Staff Satisfaction Survey, Exit Interview) • PRO-SUPPORT Respiratory Dept., Rehabilitative Svcs., Social Services • MEDICAL SERVICES Risk Management • PATIENT SAFETY COMMITTEE

COLOR KEY:

GMH DIVISIONS

STANDING REPORTS

COMMITTEE REPORTS

SKILLED NURSING FACILITY



Guam Memorial Hospital Authority

Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD

OKA, TAMUNING, GUAM 96913

TEL: 647-2444 or 647-2330

FAX: (671) 649-0145



May 25, 2018

MEMORANDUM

FROM: PeterJohn D. Camacho, MPH
Hospital Administrator/CEO and Performance Improvement Committee (PIC)
Chairperson

TO: Loressa Melegrito, BSN, RN, Skilled Nursing Facility-Performance Improvement
Committee (SNF-PIC) Chairperson and Acting SNF Administrator

CC: PIC Members, BOT Q&S Subcommittee Chairperson

SUBJECT: **PERFORMANCE IMPROVEMENT COMMITTEE - MEMBER
APPOINTMENT FOR CY2018**

The PIC hereby appoints you as a member of the committee, for CY2018, to serve as the reporting representative on behalf of the SNF-PIC. Your responsibilities to the PIC are as follows:

- Regularly meet with the members of the SNF-PIC to receive SNF-related QAPI information/reports.
- Report to PIC the significant indicators from the SNF-PIC's QAPI monitoring and activities.
- Ensure that QAPI monitoring and activities support and demonstrate the fulfillment of all CMS Long Term Care requirements.
- Ensure that SNF-PIC members provide action plans for and follow up with negative trends (indicators/measure failing to meet goals) identified in their reports. Ensure the use of the SNF's chosen improvement methodology.
- Provide the PIC with quarterly and annual QAPI reports (verbal and written) of indicators/measures from the SNF-PIC.
- Provide the PIC with a quarterly SNF-PIC Dashboard.

If you are unable to represent the SNF-PIC at PIC meetings, please ensure that an appropriate alternate attend on your behalf.

Thank you very much.

PETERJOHN D. CAMACHO, MPH



Guam Memorial Hospital Authority

Aturidåt Espetåt Mimuriåt Guåhan

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OKA, TAMUNING, GUAM 96913

TEL: 647-2444 or 647-2330

FAX: (671) 649-0145



May 25, 2018

MEMORANDUM

FROM: PeterJohn D. Camacho, MPH
Hospital Administrator/CEO and Performance Improvement Committee (PIC)
Chairperson

TO: Gordon Mizusawa, Environment of Care (EOC) Committee Chairperson and
Chief of Environmental Services

CC: PIC Members, BOT Q&S Subcommittee Chairperson

SUBJECT: **PERFORMANCE IMPROVEMENT COMMITTEE - MEMBER
APPOINTMENT FOR CY2018**

The PIC hereby appoints you as a member of the committee, for CY2018, to serve as the reporting representative on behalf of the EOC Committee. Your responsibilities to the PIC are as follows:

- Regularly meet with the members of the EOC Committee to receive EOC-related QAPI information/reports.
- Report to PIC the significant indicators from the EOC Committee's QAPI monitoring and activities.
- Ensure that QAPI monitoring and activities support and demonstrate the fulfillment of all EOC management requirements.
- Ensure that EOC Committee members provide action plans for and follow up with negative trends (indicators/measure failing to meet goals) identified in their reports. Ensure the use of the QAPI methodology – the Model for Improvement (refer to Quality Assessment and Performance Improvement Plan – Administration Policy# A-PI100).
- Provide the PIC with quarterly and annual QAPI reports (verbal and written) of indicators/measures from the EOC Committee.
- Provide the PIC with a quarterly EOC Committee Dashboard.

If you are unable to represent the EOC Committee at PIC meetings, please ensure that an appropriate alternate attend on your behalf.

Thank you very much.


PETERJOHN D. CAMACHO, MPH