



SAMPLE COMMITTEE CHARTER: QUALITY COMMITTEE/QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE

Overall Roles and Responsibilities

The Quality Committee assists the board in overseeing and ensuring the quality of clinical care, patient safety, and customer service provided throughout the organization.

If the committee is also a Professional Affairs Committee, add the following: The committee also assists the board in maintaining a constructive relationship with the medical staff and approving and overseeing medical policies and professional staff appointments, reappointments, and clinical privileges.

Responsibilities

The responsibilities of the Quality Committee/Quality and Professional Affairs Committee include:

- Reviewing and recommending a multi-year Strategic Quality Plan with long-term and annual improvement targets.
- Reviewing and recommending quality/safety-related policies and standards.
- Approving and monitoring a dashboard of key performance indicators compared to organizational goals and industry benchmarks. Report in summary fashion to the full board.
- Reviewing sentinel events and root cause analyses; if appropriate, recommend corrective action.
- Monitoring summary reports of hospital and medical staff quality and patient safety activities.
- Reviewing management's corrective plans with regard to negative variances and serious errors.
- Overseeing compliance with quality- and safety-related accreditation standards.
- Making recommendations to the board on all matters related to the quality of care, patient safety, customer service, and organizational culture.

Additional Responsibilities: Professional Affairs

If your Quality Committee also includes responsibilities for professional affairs, include the following tasks:

- Reviewing and making recommendations to the board for approval of medically-related policies developed by the committee or by a medical staff committee.

Medically related policy matters may include criteria for medical staff membership and privileges, exclusive contracting for professional medical services, on call coverage, compensation for medical staff leadership positions, board certification, investment in ventures that compete with the hospital, and matters related to professional conduct.
- Overseeing the effectiveness of the medical staff credentialing process.
- Reviewing and acting on medical staff recommendations to grant medical staff appointments, reappointments, and clinical privileges.
 - Approving appointments, reappointments, and clinical privileges that fully meet the hospital's criteria, with no issues or major questions. (This authority must be specifically delegated to the committee by the board.)
 - Making recommendations to the board with regard to all other credentialing applications.
 - The committee may also, in accordance with bylaws, return a recommendation to the medical staff for further documentation or reconsideration.
- Reviewing medical staff recommendations and recommending to the board disciplinary or corrective actions involving medical staff members, as provided in the bylaws.
- Overseeing and supporting education and development for physician leaders.
- Monitoring physician perceptions and satisfaction and overseeing physician relations activities.
- Serving as a forum for education and discussion of hospital-medical staff relationships and concerns.

Meetings

The committee meets at least six times a year, or when necessary at the call of the committee chair. Meeting dates and times should be specified a year in advance.

Members

The committee charter should include a list of the committee members as well as the staff supporting the committee. Members often include physicians, nurses and other health professionals, healthcare management professionals, executives with experience in industrial quality or customer service, and attorneys.

Reports

The committee will report to the board at least quarterly, including an in-depth annual quality review. Regular reports will include:

- Quality indicators in dashboard format, including roll-up measures of clinical quality, patient safety, and customer service (quarterly).
- Progress on major performance improvements and patient safety goals (quarterly or twice a year).
- Root Cause Analysis (as they occur)
- Sentinel event summary (at least quarterly).
- Patient satisfaction/perceptions (quarterly and annual in-depth report).
- Physician satisfaction/perceptions (annual)
- Employee satisfaction/perceptions (annual).
- Patient safety culture (annual in depth report).
- Accreditation (when received).
- Audit of credentialing process (at least every two years).

Annual Committee Goals

The Quality Committee/Quality and Professional Affairs Committee will establish annual goals specifying its principal focus areas for the coming year. Typical examples might include:

- Overseeing a program to reduce medication errors.
- Providing strong support and oversight to an initiative to improve customer service in the emergency department.
- Overseeing projects related to IHI Save 5 Million Lives Campaign.
- Reviewing and updating current quality dashboard and other reports of key quality and patient indicators to ensure that they include “stretch goals” for the hospital.
- Reviewing current national priorities in quality and patient safety, such as pay for performance and use of information technology to improve quality.
- Recommending, in conjunction with a physician task force, principles to govern exclusive contracts for professional medical services.



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