[Hospital Name]

*Board of Trustees*

Quality Committee Charter

**Purpose**

The Quality Committee assists the Board in its oversight and assurance of the hospital’s quality of care, patient safety, and patient experience.

**Membership**

The Quality Committee’s chair and committee members shall be appointed annually by the Board Chair. The Committee shall be comprised of [insert number of committee members (e.g. “…shall be comprised of five to seven members. Membership may include not more than two non-board members”]. At least [insert number] Committee member(s) must be determined to be a “clinical expert”, possessing clinical care expertise, such as physician, nurse, pharmacist, nurse practitioner, physician assistant, or other clinician.

All members of the Quality Committee must be considered “clinically literate”, possessing a sound understanding of the definition of quality, how to read quality dashboards and reports, why specific quality measures have been prioritized, state and national quality benchmarks and board members’ fiduciary duty of care for quality oversight as defined by the Office of Inspector General.

All committee members should annually complete governance education on pertinent quality issues.

**Meetings**

The Quality Committee shall meet [insert requirements for meeting frequency; e.g. not less than quarterly or monthly].

Meeting attendance shall include in-person presence, teleconference, videoconference or other electronic presence. The quorum for Quality Committee meetings shall be [insert any quorum requirements]. Committee action shall require a majority vote of members present.

Minutes of all committee meetings will be kept and submitted at the next meeting of the Board.

**Responsibilities**

The Quality Committee shall be accountable to carry out the following responsibilities:

***Quality and Patient Safety***

* Oversees development of the hospital’s quality improvement program, including identification of metrics and benchmarks used to measure progress and provide linkage to management accountability
* Sets policies and procedures governing the hospital’s quality and patient safety standards, including a process for identification of quality deficiencies and establishment of a safe and protected process for reporting of quality and safety concerns, medical errors and adverse events
* Reviews results of regulatory and accrediting body examinations of the hospital's quality and safety performance
* Reviews existing systems ability to identify, monitor and respond to incidents and adverse events, and to ensure that care is safe, timely, and appropriate
* Monitors performance metrics of programs designed to improve the hospital’s quality and patient safety and the hospital’s progress in meeting quality and patient safety targets, including review of trend reports that measure the overall performance of the hospital in providing quality care in a customer-focused, cost-effective manner
* Reviews medical staff success in carrying out its responsibilities for evaluating and improving the delivery of medical care
* Makes recommends to the board on matters pertaining to the quality of care, patient safety and/or customer service
* Ensures quality of care and patient safety issues are addressed and effective corrective action plans are implemented as needed
* Ensures implementation of an orientation and continuing education program designed to ensure board members have a sound understanding and sense of accountability for the hospital’s quality and patient safety

***Community and Population Health***

* Ensures conduct of a meaningful assessment of the hospital’s delivery of care in relation to meeting community needs
* Tracks community health challenges and barriers, develops and recommends community health improvement plans and targets for improvement to the full board
* Ensures meaningful and consistent communication with the community about service, volume and costs and evaluates community feedback on the value of programs and services
* Ensures wide distribution of the hospital’s community health needs assessment to the public
* Ensures that the hospital researches and measures the scope of community benefit provided and reports its findings in the hospital’s Form 990 report

***Credentialing and Privileging***

* Reviews and makes recommendations related to policies and procedures that enable the medical staff to process applications and re-appointments, and the granting of clinical privileges in a timely and appropriate manner with adequate focus on clinical quality and patient safety

***Committee Performance***

* Conducts an annual review and evaluation of the committee’s performance, including its compliance with this charter.

**Reporting**

Reports to the Board of Trustees

**Approval Date:**

**Dates of Review and/or Revisions:**

© 2019, GovernWell™

The contents of GovernWell, including all contents of the TaskWell toolkit included with it, are intended to serve only as an example of content a Licensee organization may choose to include in its own resource materials. The modification, inclusion or exclusion of any content in the materials included herein is made at the sole discretion of the Licensee.

Any and all governance materials the Licensee may develop should be reviewed by the Licensee’s legal counsel for compliance with local, state and federal laws and regulations and its existing policies and practices prior to adoption and implementation. The Company makes no warranties regarding the Charters in GovernWell, and specifically disclaims the warranties of merchantability and fitness for a particular purpose.