



SUBJECT: Quality Committee Charter

DEPARTMENT: ORGANIZATIONAL

PAGE 1 of 4

EFFECTIVE: 09.03.20

REVISED: 03.27.24

## **PURPOSE:**

The Board Quality Committee is responsible for guiding and assisting the Executive Leaders, Medical Staff, and the Governing Board in fulfilling their responsibility to oversee safety, quality, and effectiveness of care at Sonoma Valley Hospital; and to meet or exceed standards and regulations that govern health care organizations.

## **RESPONSIBILITIES:**

The Committee has three broad sets of responsibilities.

- To oversee that quality assurance and improvement processes are in place and operating in the hospital.
- To enhance quality across and throughout the patient care, technical, and operation areas of Sonoma Valley Hospital. This encompasses all aspects of the interface and experience between patients, families, and the community. This also includes coordination and alignment within the organization.
- To assure continual learning and skills development for risk surveillance, prevention, and continuous improvement.

The committee examines all activities against the Institute of Medicine's Six Aims for Improvement: safe, effective, patient/family-centered, efficient, timely, and equitable. This also aligns with the strategic plan of Sonoma Valley Hospital.

## **POLICY:**

### **Oversight**

As the governing body, the Governing Board is charged by law and by accrediting and regulatory organizations (e.g., Center for Improvement in Healthcare Quality CIHQ) with ensuring the quality of care rendered by Sonoma Valley Hospital through its various divisions and departments. The Committee has the delegated authority to establish accountability in medical staff and management to assure improvement is occurring and targeted outcomes are achieved. To help meet this responsibility, the Board Quality Committee exists to:

- Develop the quality goals and blueprint (priorities and strategies) for Sonoma Valley Hospital, using an inclusive and data driven-process.



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PAGE 2 of 4

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- Review and monitor patient safety, risk mitigation, quality assurance, and improvement plans and progress.
- Have the authority to initiate inquiries, studies, and investigations within the purview of duties assigned to the Committee.
- Perform, on behalf of the Governing Board and Medical Staff Leadership, such other activities as are required by the CIHQ, Centers for Medicaid and Medicare Services (CMS), and other external accrediting and regulatory bodies.
- Render reports and recommendations to the Executive Leadership Committee of Sonoma Valley Hospital and SVH Medical Staff on its activities.
- Review all new and updated hospital patient care policies for adherence to quality and safety priorities.
- Review all Medical Staff credentialing.

### **Quality Integration**

- The Committee monitors the quality assurance and improvement activities of Sonoma Valley Hospital's entities to enhance the quality of care provided throughout the hospital or medical center system and encourage a consistent standard of care. Monitored activities include but are not limited to:
  - Quality Performance Indicator Set
    - Mortality
    - Preventable Harm Events
    - Healthcare Acquired Infections
    - Medication Events
    - Never Events
    - Core Measures
    - Readmissions
    - Utilization Review
  - Patient Experience
  - Accreditation & Regulatory Standards
  - Quality Assurance Performance Improvement
  - Culture of Safety
  - Risk Event Reports
  - Policies & Procedures



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PAGE 3 of 4

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- The Committee ensures the coordination and alignment of quality initiatives throughout Sonoma Valley Hospital.
- The Committee conducts annual reviews of the following key areas:
  - Improvement goal achievement
  - Clinical outcomes (priorities and improvement)
  - Patient Safety/Event Analysis/Risk Trending
  - Culture of Patient Safety
  - Accreditation and Regulatory Reviews
  - Emergency Operations Plans
- The Committee monitors the progress of quality assurance and improvement processes and serves as champion of issues concerning quality to other committees.
- The Committee identifies barriers to improvement for resolution and systematically addresses and eliminates barriers and excuses.

**PROCEDURE:**

All Committee meetings will have a Standard Agenda, which will include:

- Quality Performance Indicator Set
- Clinical Priorities (clinical outcomes/process improvement), including:
  - Quality Assurance Performance Improvement
  - Patient harm
  - Patient safety (adverse event reduction, healthcare acquired infection reduction, risk mitigation)
  - Performance to accreditation and regulatory standards and requirements
  - Patient Experience
  - Culture of Safety
  - Policies and Procedures
  - Medical Staff Credentialing



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PAGE 4 of 4

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**Rules**

Charter Review	Will be reviewed/revise, at a minimum, every three years. Changes will be submitted to the Board of Directors for approval.
Authority to Act	In compliance with the Charter and as directed by Executive Leadership and the District Board
Meeting Schedule	At least ten meetings per year
Voting Members:	The Board Quality Committee shall have at least seven and no more than nine voting members. <ul style="list-style-type: none"><li>• Two Board members<ul style="list-style-type: none"><li>○ One of whom shall be the QC chair, the other the vice-chair</li></ul></li><li>• Vice Chief of Staff</li><li>• At least four and no more than six members of the public are selected by the Governing Board.</li></ul>
Quorum Requirement:	Half plus one member present.
Chair	One of the appointed Board Members
Composition	Voting Committee Members, Presenters, CEO, Chief Medical Officer (CMO) and Chief Nursing Officer (CNO), Director of Quality

**REFERENCES:**

- [www.ihl.org/improvement-areas/triple-aim-population-health](http://www.ihl.org/improvement-areas/triple-aim-population-health)
- [www.ihl.org/insights/quintuple-aim-why-expand-beyond-triple-aim](http://www.ihl.org/insights/quintuple-aim-why-expand-beyond-triple-aim)