



QUALITY COMMITTEE CHARTER

Charter of the Quality Committee
Board of Directors
Deaconess Health System

PURPOSE

The Quality Committee of the Board of Directors of Deaconess Health System is appointed by the Board to assist the Board in fulfilling its oversight responsibilities in the areas relating to patient safety, operational and clinical quality, patient satisfaction, employee satisfaction, physician satisfaction, risk management and regulatory preparedness and compliance. The Committee's primary responsibilities are to:

1. Supports overall vision and mission of health system for safety and quality.
2. Approve the Plan to maintain and improve clinical and operational quality throughout the organization.
3. Review organization wide performance against the Plan's quality and efficiency targets and report results to the Board.
4. Review and approve safety related goals and objectives and report performance against targets to the Board.
5. Monitor patient, employee and physician satisfaction.
6. Provide educational offerings on safety, quality and efficiency related topics

MEMBERSHIP

The Committee shall be comprised of at least two voting Directors/Director Emeritus appointed by the Board. In addition, the Chief Executive Officers for Deaconess Health System, Deaconess Hospital and The Women's Hospital; as well as the Chief Nursing Officer, Chief Medical Officer, Director of Quality Improvement and Innovation, and Manager of Safety and Risk Management for Deaconess Health System will be voting members of the Committee. The Committee shall determine whether members should undergo any initial or annual training to help them fulfill their responsibilities. The members of the Committee shall serve at the pleasure of the Board. The Chair of the Committee shall be appointed by the Board

MEETINGS

The Committee shall meet at least six times annually or more frequently as circumstances dictate.



AUTHORITY AND RESPONSIBILITIES

To fulfill its responsibilities and duties, the Committee is expected to:

1. Review and approve the content and format of the organization wide quality dashboard.
2. Establish priorities for quality initiatives that emphasize improving clinical quality and patient safety.
5. Facilitate transparency by providing insight into the process of reporting quality and cost information to the public.
6. Periodically review all serious adverse events reported to the State of Indiana Department of Health and report on them to the Board.
8. Periodically review data on sentinel events and report to the Board.
9. Serve as ambassadors to the Board, organization and community for Deaconess' quality improvement and innovation strategies including the Six Sigma program.
10. Benchmark with other industries to broaden insight into innovation in quality improvement.

<http://www.deaconess.com/pdfs/dh/corporate-governance/quality-charter-rev-2-08.aspx>