



**ALEAGENT HEALTH
PATIENT SAFETY AND QUALITY COMMITTEE CHARTER**

I. STATEMENT OF PURPOSE

Alegent Health is committed to providing the highest quality health service and differentiating itself as a recognized leader in defining, measuring, reporting and improving its quality of care. The Board of Directors (the “Board”) is responsible for ensuring the organization achieves this commitment and plays a vital role in monitoring and improving patient care to ensure that it is safe, timely, effective, efficient, equitable, and patient centered. Additionally, the Board should oversee and be accountable for the organizations’ participation in national quality measurement efforts and subsequent quality improvement activities.

Specifically, the Board is responsible for assuring the quality and safety of patient care provided within Alegent Health as well as providing overall direction, oversight, focus and leadership for the organization’s patient safety and quality initiatives. To effectively fulfill its role, the Board has appointed the Patient Safety and Quality Committee (the “Committee”) and charged the Committee to provide the Board with recommendations on the quality framework, processes, and outcomes necessary to achieve its role.

II. PATIENT SAFETY AND QUALITY COMMITTEE CALENDAR

- At the beginning of each year the Committee shall establish a proposed annual calendar to accomplish its purposes and arrange for orientation for new committee members.
- The schedule shall be furnished to the Alegent Health Board Chair (the “Board Chair”) for discussion and planning with the Chief Executive Officer (the “CEO”).

III. MEMBERSHIP

- The Committee membership is representational and will be constituted as follows:
 - 2 or more Board members, with one of the Board members serving as the liaison for communication between the Committee and the Board
 - Chairs of the Medical Staff Quality Councils of the metro hospitals
 - Chief Executive Officer of Alegent Health Clinic
 - Vice President and Chief Operating Officers of the metro hospitals
 - Chief Nursing Officer
 - Senior Vice President and Chief Information Officer
 - Senior Vice President and Chief Medical Officer
 - Senior Vice President and Chief Financial Officer
 - Vice President and Chief Quality Officer
 - Performance Improvement Executive

- Chair of the Clinical Practice Committee
 - 2 Critical Access Hospital Representatives
 - 2 UniNet Representatives
 - 1 or More At-Large Member
- The Board members of the Committee are appointed by the Board Chair.
 - The Board Chair, in consultation with the CEO, shall select the Physician Chair of the Committee.
 - The CEO shall serve as a voting member of the Committee and the CEO and/or the CEO's designee shall attend all Committee meetings.
 - The CEO shall arrange for appropriate staff support.

IV. RESPONSIBILITIES AND DUTIES

The Board charges the Committee the express authority to do the following, to the fullest extent permitted by applicable law and Alegend Health's Amended and Restated Articles of Incorporation and Amended and Restated Bylaws ("Bylaws"):

1. **Quality Plan.** Present to the Board for review, input and approval an annual Patient Safety and Performance Improvement Plan.
2. **National Initiative Participation.** Ensure that Alegend's participation in national quality improvement activities focuses on nationally agreed-upon priorities and those that are critical to Alegend. The Committee shall approve all such participation.
3. **Outcome Measures.** Recommend to the Board the appropriate patient safety and quality measures and outcomes to be collected and reported internally and externally.
4. **Culture.** Work with the Board to promote a culture and climate of non-punitive reporting of errors and endorse continuous patient safety improvement. Mitigate unresolved issues, which may impact the quality or safety of patient care.
5. **Monitoring.** Oversee and evaluate patient safety and quality measures and outcomes to include those regulatory and accreditory elements of performance that require Board oversight. The Committee will receive the reports on patient grievances; evaluation of contracted services; off-campus emergency protocols; quality assessment and performance improvement; environment of care; National Quality Forum Safe practices.

Ensure that management and medical staff leaders provide feedback to the medical staff, service lines, campus, and support departments regarding the effectiveness of their improvement activities.
6. **Accountability.** Require full explanation and action plans when patient safety and quality performance is below expectations.

7. **Communication.** Facilitate communication across the organization and medical staff regarding performance improvement opportunities and activities.
8. **Education.** Ensure that the Board, members of the Committee, staff and physicians receive adequate training in patient safety and quality-related content.
9. **Reporting.** Provide reports at least monthly on patient safety and quality, including progress against defined measures and status of improvement plans. Provide reports at each of the Board Meetings that summarize the results and progress against the defined measures, and the occurrence, Root Cause Analysis (RCA) findings and action plans for Sentinel Events.
10. **Incentive.** Recommend to the Board Compensation Committee positive incentive programs for medical staff, executives, management, and staff based on explicit rewards for results and related quality improvements.
11. **Review Charter.** Annually review and reassess the adequacy of this Charter at least annually and recommend any proposed changes to the Governance Committee for approval.
12. **Annual Self-Evaluation.** Ensure that the Committee conducts an annual self-evaluation to determine whether it is functioning effectively. The outcomes of the assessment process will be discussed with the committee and a plan for improvements for the following year will be developed.

V. MEETINGS

- The Committee shall meet a minimum of 6 times per year.
- Committee members shall attend more than half of the meetings each year.
- A special meeting of the Committee may be called by the Chair, upon the request of any two Committee members or by the Board Chair.
- The agenda of each meeting shall be prepared, approved by the Chair and circulated to each Committee member prior to the meeting date.
- Unless the Committee or the Board adopts other procedures, the provision of Alegend's Bylaws applicable to meetings of Board committees shall govern meetings of the Committee.

VI. MINUTES

Minutes of each meeting will be kept and forwarded to the Board accordingly

VII. SUBCOMMITTEES

The Committee has the power to appoint subcommittees, but no subcommittee will have any final decision making authority on behalf of the Board or the Committee.

VIII. RELIANCE; EXPERTS; COOPERATION

- A. **Retention of Advisors.** The Committee, upon concurrence of the Board Chair, has the power, in its discretion, to retain, at Alegent's expense, such advisors and experts as it deems necessary or appropriate to carry out its duties.
- B. **Reliance Permitted.** The Committee will act in reliance on management, Alegent's independent public accountants, internal auditors, and advisors and experts, as it deems necessary or appropriate to enable it to carry out its duties.
- C. **Investigations.** The Committee has the power, in its discretion, to conduct any investigation it deems necessary or appropriate to enable it to carry out its duties.