STATEMENT OF FUNCTION

The Quality and Satisfaction Committee functions as an oversight committee for the Hospital Board of Directors in evaluating and monitoring various aspects of quality and patient safety. Components of the oversight function include assessing clinical outcomes, patient safety, risk management, environment of care, patient & clinician satisfaction, credentialing of various professionals and accreditation and licensure. This committee annually assesses its effectiveness of their contributions to improving performance and patient safety.

Key functional areas include:

- **Process/clinical quality improvements**
  1. Monitor and make recommendations related to performance improvement projects
  2. Review and provide input to Hospital wide quality indicators
  3. Monitor progress on ORYX/Core Measures
  4. Review each hospital specific required review functions

- **Patient safety**
  1. Review and provide input to Hospital wide safety indicators
  2. Receive Sentinel Event reporting
  3. Sharing of lessons learned as a result of a near miss/really bad thing or sentinel event.

- **Patient & Clinician satisfaction**
  1. Monitor and make recommendation related to patient satisfaction survey results
  2. Monitor and make recommendations related to annual physician satisfaction survey

- **Risk management**
  1. Receive biannual reports on risk management activities
  2. Be made aware of developments in risk management areas that may impact various ministries

- **Environment of care**
  1. Review results of monitors related to management areas

- **Professional credentials**
  1. Review new or revised privilege delineation
  2. Recommend initial appointment, reappointment, and granting of privileges
  3. Subcommittee has authority to grant initial appointment, reappointment and privileges on months the committee does not meet

- **Accreditation and licensure**
  1. Reviews regulatory agency reports for each ministry including DOH, JCAHO, and CAH.
  2. Reviews status of organizational compliance with regulatory standards and when applicable, actions to improve compliance.

- **Key hospital plans**
  1. Review and provide input to the four key plans listed below annually
    a. Performance Improvement Plan
    b. Organizational & Patient Safety Plan
    c. Plan for Patient Care
    d. Medical Staff Bylaws, Rules and Regulations, and Fair Hearing Plan