QUALITY AND HEALTH IMPROVEMENT COMMITTEE (QHIC) CHARTER

A. **Composition**

The Quality and Health Improvement Committee shall consist of three (3) or more Directors, who shall be selected by the Board of Directors, and who shall continue as members of the committee at the pleasure of the Board.

B. **Authority and Duties**

The Quality and Health Improvement Committee is created to: (1) provide strategic direction for quality assurance and improvement systems; (2) provide oversight of systems designed to monitor on behalf of the Board of Directors that quality care and services are provided at a comparable level to all members and patients throughout the Program across the continuum of care; and (3) provide oversight of the Program's quality assurance and improvement systems and organizational accreditation and credentialing.

The committee will review and, as appropriate, provide direction in the following areas:

1. **Quality Assurance**
   a. Overseeing quality systems, including quality goals, objectives, and performance measures;
   b. Identifying and addressing deficiencies in quality;
   c. Reviewing, and as appropriate approving, standards for the global member experience including standards for quality assurance, quality of care, patient safety, service quality, utilization, and risk management; and
   d. Reviewing and addressing the results of internal and external system audits.
Quality and Health Improvement Committee Charter
Approved March 10, 2004
Revised March 15, 2007
Revised September 24, 2010

KFHP, Inc.
KFHP of the Northwest
KFHP of Colorado
KFHP of Ohio
KFHP of the MAS

2. Quality and Health Improvement
   a. Promoting progress in member health improvement, including health policy direction, disease prevention activity, reduction of health disparities among population groups and the development and dissemination of evidence based medicine;
   b. Approving annual targets for health improvement, including HEDIS and improvement in members’ health that contributes to community well being;
   c. Approving annual targets for service quality including access to services, the care experience and overall member, patient, and purchaser satisfaction;
   d. Monitoring and assessing performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience; and
   e. Evaluating results of quality improvement activities including recommended actions and follow-up.

3. Organizational Accreditation & Credentialing
   a. Reviewing accreditation and licensing processes and reports, such as those of the National Committee on Quality Assurance, the Centers for Medicare & Medicaid Services, and state agencies; and
   b. Reviewing the integrity of systems relating to the selection, credentialing and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional staff or medical staff or clinical staff membership, peer review, proctoring and continuing education.
   c. Approving applications for appointments/reappointments to the medical or provider staff, clinical privileges, and other actions related to medical staff or provider staff membership and ambulatory surgery center clinical privileges that require governing body approval.
d. Approving medical staff or provider staff Bylaws and Rules and Regulations and amendments thereto.

e. Approving ambulatory center Bylaws and amendments thereto.

f. Recommending the appointment of the ambulatory surgery center administrator and approving the appointment of the ambulatory surgery center medical director.

g. Approving ambulatory surgery center policies and procedures, when governing body approval is required.

The committee shall report its decisions, actions and recommendations to the Board of Directors.