

PARKLAND HEALTH & HOSPITAL SYSTEM
Quality of Care and Patient Safety Committee Charter

The Board of Managers (the “Board”) of the Parkland Health & Hospital System (“Parkland” or the “System”) has authorized the formation of a Quality of Care and Patient Safety Committee (the “Committee”) and approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Committee is a standing committee of the Board. Parkland’s Board has oversight authority over the System’s Quality, Safety and Performance Improvement Program (the “Quality Program”). The Committee is responsible for assessing the effectiveness of the Quality Program and oversight of the Quality and Safety Operations (“QSO”) Division. The Committee is dedicated to ensuring the delivery of safe, high quality healthcare across the System to the patients and community Parkland serves.

The Committee shall have the authority to approve medical staff credentialing and peer review recommendations from the Medical Executive Committee that require Board approval and shall provide routine reports to the Board of its actions and consideration of such matters.

The Executive Liaisons to the Committee shall be the Chief Medical Officer (the “CMO”), the Chief Quality and Safety Officer (“CQSO”) and the Chief Governance Officer who shall assist the Committee and the Committee Chair in discharging their responsibilities. The CQSO shall report to the Chief Executive Officer (“CEO”) and to the Committee.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of at least two other Board members.

The Committee will follow the operating guidelines for membership, meetings, minutes and committee actions as authorized by the Board and as amended from time to time.

The Committee will meet regularly and no less than nine (9) times per year unless the Committee determines otherwise. A majority of the Committee shall constitute a quorum for the purposes of conducting business.

Responsibilities

In fulfilling its charge, the Committee is responsible for the following activities and functions, among other things:

1. Oversight of the Quality Program.

Overseeing the structure, operation and efficacy of the Quality Program and more specifically:

- a) Reviewing, on annual basis, the QSO Division work plan and risk assessment;
- b) Ensuring that Parkland adopts a comprehensive, system-wide quality assurance and process improvement plan (“QAPI Plan”) and monitors its implementation and efficacy;
- c) Ensuring Quality Program-related policies and procedures are complete, periodically revised as necessary, and consistently enforced;
- d) Assessing periodically Parkland’s compliance with applicable Federal, state and county laws and regulations, and adherence to professionally recognized standards of care;
- e) Remaining informed with respect to the work of the Executive Quality Committee (the “EQC”);

- f) Ensuring that the Board is apprised of significant developments relating to the expectations of Federal and state regulators and accrediting bodies with respect to quality and safety;
- g) Promoting a System-wide organizational culture focused on safety and just behavior;
- h) Receiving and reviewing regular reports from the CQSO on the following matters, among others:
 - i) The development of the QSO Division, the adequacy of its resources, and progress against the annual work plan;
 - ii) Key quality, safety and performance improvement initiatives; and
 - iii) The identification, investigation and mitigation of significant patient safety events.
- i) Conducting an Annual Quality Program Review.
 - i) At least once every three (3) years, the Committee in consultation with the Chief Executive Officer will commission an external review of the Quality Program to be conducted by an independent third party; and
 - ii) In the interim years, the Committee will receive an assessment report from the CQSO as to the operation and effectiveness of the Quality Program.
- j) Receiving and reviewing at least annually a report from the EQC demonstrating evidence of its oversight of the Quality Program and evidence of completion of the EQC's Charter requirements.

2. Utilization of the Quality of Care Dashboard

- a) Reviewing and approving the performance metrics that comprise the Quality of Care Dashboard, as recommended by EQC, on at least an annual basis.
- b) Reviewing and discussing the Quality of Care Dashboard on a regular basis, and ensuring appropriate actions are taken to improve specific metrics as needed.

3. Oversight of the Chief Quality and Safety Officer ("CQSO")

- a) Ensuring the CSQO dual reporting structure is maintained to both the CEO and the Committee, and recommending for approval by the Board, in advance, any changes in the CQSO's level of authority, including span of control and areas of responsibility.
- b) In consultation with the Board and the CEO, annually evaluating the performance of the CQSO.
- c) Prior to any action being taken regarding the hiring or termination of the CQSO, the CEO must consult with the Committee.
- d) At least annually, or as needed, meeting with the CQSO in a one-on-one, closed Committee session.

4. Quality and Safety Operations Division

- a) Annually reviewing and approving the QSO Division budget and any revisions to a previously-approved budget. The CQSO will review any proposed or revised budget proposal with the CEO and CFO before submitting to the Committee.
- b) Periodically assessing the QSO Division, including span of control and adequacy of staffing levels, expertise, and resources.

5. Oversight of Medical Executive Committee (MEC)

Overseeing the structure, operation and efficacy of the MEC and its sub-committees and more specifically:

- a) Reviewing and approving or rejecting recommendations from the MEC for credentialing, privileging, appointment and reappointment of physicians and other providers across the System.
- b) Oversight of medical staff office-related policies, procedures and practices that enable the medical staff office to process medical staff and non-physician clinical provider applications, appointments, and reappointments and that expedite Committee decisions with respect to granting clinical privileges.
- c) Monitoring the outcomes and performance of the medical staff in carrying out its responsibilities for evaluating and improving patient care.

6. Other Responsibilities

- a) Regular reporting to the Board about the health and efficacy of the Quality Program and the QSO Division.
- b) Completing, on an annual basis, ongoing quality-related training.
- c) Performing such other duties as may be assigned by the Board.
- d) Reviewing annually the Committee Charter and recommending changes to the Board, as appropriate.