

# Southern Nevada Community Health Center Quality Committee Charter

## **PURPOSE**

The Quality Committee of Southern Nevada Community Health Center (SNCHC) 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 the health system for safety and quality.
2. Approve the Quality Management (QM) Plan to maintain and improve clinical and operational quality throughout the organization.
3. Review organizational-wide performance against the quality and efficiency of the QM Plan 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 appointed by the Southern Nevada Health Community Health Center Board. In addition, the Executive Director, FQHC Operations Chief, Informatics/Quality Assurance Nurse, Chief Administrative Nurse, and Chief Medical Officer 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 monthly but no less frequently than bi-monthly.

## **AUTHORITY AND RESPONSIBILITIES**

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

1. Establish the organizational-wide performance dashboard;
2. Once dashboard is established, review and approve the content and format of the organizational-wide quality dashboard;
3. Establish priorities for quality initiatives that emphasize improving clinical quality and patient safety;

4. Facilitate transparency by providing insight into the process of reporting quality and cost information to the public.
5. Periodically review all serious adverse events reported to the State of Nevada Department of Health and Human Services and report on them to the Board.
6. Periodically review data on sentinel events and report to the Board.
7. Serve as ambassadors to the Board, organization and community for SNCHC quality improvement and innovation strategies using proven quality improvement methodologies.
8. Benchmark with other industries to broaden insight into innovation in quality improvement.

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