1. **Purpose.** The Quality Committee of the Group Health Cooperative Board of Trustees is established by action of the Board of Trustees for the primary purpose of acting on behalf of the Board in overseeing implementation of Group Health’s Quality Plan and Program, and monitoring the organization’s performance to ensure goals and standards established for the delivery of care and services to Group Health members and patients are met.

2. **Composition of the Committee.** The Quality Committee shall be comprised of no less than three (3) nor more than five (5) members of the Board of Trustees appointed by resolution adopted by the Board of Trustees, and each member shall serve on an annual basis or until his or her successor is appointed. Given the nature of the responsibilities of the committee, reasonable efforts shall be made to maintain continuity of committee membership from year to year while also preparing other trustees to serve on the committee. When possible, members of the committee should be familiar with clinical operations and principles of quality. Members are encouraged to enhance their knowledge of such matters by participating in training or educational programs, including those provided by Group Health.

3. **Meetings of the Committee.** The Quality Committee shall meet no less than four times annually, and as frequently as circumstances dictate. The committee shall provide for open communication among committee members, management, and medical staff leadership. Each meeting shall be conducted in executive session, absent decision by the chair to conduct the meeting as a public session. Further, each regularly scheduled meeting shall include time on the agenda for a discretionary closed executive session. Non-committee members may be invited to participate in the closed executive session at the chair’s discretion.

4. **Responsibilities, Duties, and Authority of the Committee.** To fulfill the purpose set forth above, the Quality Committee will:

   A. Review this charge periodically and recommend to the Board of Trustees any amendments.

   B. Advise the Board of Trustees on strategic planning and resource allocation issues related to achieving and maintaining targeted goals and standards of quality of care and service.
C. Oversee the execution and integrity of Group Health’s Quality Program and performance monitoring processes for the enterprise regarding operational and service excellence, clinical quality, patient safety, care management, and health plan and business systems, and make recommendations regarding the functioning of the system to increase the rate of improvement. This includes, but is not limited to: quality support structure; planning and accreditation; non-Group Health facilities with which we contract for care; and oversight of hospital and ambulatory surgery centers. Key activities include but are not limited to:

a. Review and approve the Group Health Cooperative Quality Plan and Program Description and the annual Quality Program Evaluation.
b. Review and accept the annual professional liability report. Make recommendations as appropriate regarding the functioning of the system to increase the rate of improvement.
c. Annually review and approve the Central Hospital Quality Management Plan and Patient Safety and Quality of Care Report.
d. Perform the functions of the governing body of Central Hospital, under the delegated authority of the full Board. Specific duties would include:
   i. Review and approve necessary amendments to the Hospital Bylaws biennially.
   ii. Receive periodic reports on hospital issues and review and accept Hospital Medical Executive Committee minutes.
e. Approve the Family Medicine Residency Program Annual Review.
f. Perform the functions of the governing body of Group Health Cooperative-owned ambulatory surgery centers, under the delegated authority of the full Board.
g. Oversee and review the activities of the credentialing and privileging processes for practitioners and providers.
   i. Receive and accept an annual report on the credentialing and privileging process.
   ii. Receive reports on credentialing and privileging trends, exceptions, and policy changes.
h. Monitor defined performance measures to gauge success in achieving and maintaining targeted standards of quality of care and service.
   i. Monitor patient, member, and staff satisfaction with Group Health Cooperative’s care delivery system, the health plan, and business operations.
j. Ensure that management has identified and is taking corrective or improvement actions to address performance deficiencies.

D. Identify, oversee and, as necessary, track significant risks and risk mitigation efforts by management on matters that fall within the purview of the committee’s responsibilities and authority.

E. Review Board policies within the scope of the delegation to the committee and recommend the adoption or amendment of such policies to the Board.
F. Assess the performance of the Quality Committee on at least an annual basis and determine and implement improvements to the functioning of the Quality Committee.

G. Report regularly to the Board of Trustees regarding the execution of the committee's duties and responsibilities.