

**EASTERN MAINE HEALTHCARE SYSTEMS
GOVERNANCE POLICY**

Title: EMHS Board Quality Committee Charter

Modifiable

Non-Modifiable

No: 36

Supersedes No: New

Approved by the Board: 3/11/15

Dated:

Applicable to: EMHS Home Office
 All EMHS Entities
 EMHS Provider Entities

EMHS For-Profit Entities
 EMHS Hospitals
 EMHS Tax-Exempt Entities

Responsible Executive: M. Michelle Hood
President & CEO

Approved by: _____
Signatures on file M. Michelle Hood
President & CEO

Approved by: _____
Evelyn Silver, PhD
EMHS Board Chair

Purpose

The purpose of the EMHS Board Quality Committee (the “Quality Committee”) is to develop, implement, monitor, and report on the quality program for EMHS (the “System”) and to assist the System Board of Directors and executive management in identifying opportunities and priorities for improvement. The Committee considers operational and clinical quality; patient safety; patient and family engagement and satisfaction; and risk management, regulatory preparedness, and compliance across the continuum of care in the System. The focus of the Quality Committee will be to assure achievement of the Triple Aim¹ with a population health approach.

Responsibilities

In fulfilling its charge, the Quality Committee is responsible for the following activities and functions:

- Support overall vision and mission of the System for patient safety, operational and clinical quality, and patient and family engagement/satisfaction.

¹ The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. It is IHI’s belief that new designs must be developed to simultaneously pursue three dimensions, which we call the “Triple Aim”:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

- Approve and periodically update a Patient Safety and Quality Improvement Plan (the “Plan”) for the System to maintain and improve patient safety, clinical and operational quality, and patient and family engagement/satisfaction throughout the System. Where appropriate review System wide performance against the Plan’s patient safety, quality, patient and family engagement/satisfaction targets and report results to the Board. Targets will be based on recognized national and regional standards reflecting high performance, where appropriate.
- Provide educational offerings on safety and quality as well as patient and family engagement/satisfaction related topics to the Board.
- Review regulatory and accrediting body review of System facilities.
- Analyze and evaluate the data trends emerging from the quality management, risk management, and resource management programs, advising the System Board and CEO on improvement possibilities

Composition

The Quality Committee shall consist of at least three (3) Directors appointed by the EMHS board chair, plus the EMHS board chair, the EMHS President and CEO and the EMHS Chief Medical Officer. The membership of this committee is also subject to the integration requirements in Section 16 of Article VI of the EMHS Bylaws.

Meeting Schedule

The committee shall meet at least two times per year.