


Name of Policy: <u>Quality and Patient Safety Council</u> Policy Number: 3364-87-20 Approving Officer: Chief of Staff Medical Director Responsible Agent: Medical Director Scope: All University of Toledo Campuses	 <p>Effective date: 03/14/01</p>
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center (UTMC) and its Medical Staff that a Quality and Patient Safety Council will be appointed as defined below.

(B) Purpose of policy

To define the goals and objectives, composition, and responsibilities and duties of the Quality and Patient Safety Council.

(C) Procedure

(1) Description

The Quality and Patient Safety Council is a coordinating body for performance improvement initiatives that supports the mission and strategy of UTMC.

(2) Objectives

- (a) Identify an annual quality and patient safety strategy that synchronizes with the organizational objectives.
- (b) Ensure that plans and activities ensue to support the strategy.
- (c) Evaluate performance of the plan annually.

(3) Composition

The committee will be comprised of: Chief of Staff; Vice President and Executive Director; Associate Vice President and Associate Executive Director of Patient Care Services; Medical Director, Administrator of Quality and Hospital Development, Clinic Administrator, Behavioral Health Administrator, Joint

Commission and Safety Compliance Officer, Physician representatives. The QPSC is chaired by the Medical Director


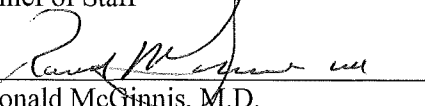
(4) Responsibilities and Duties

The QPSC responsibilities include:

- (a) Identify an annual quality and patient safety strategy.
- (b) Select priorities for the quality related activities and projects.
- (c) Approve the annual Performance Improvement and Safety Plan.
- (d) Approve and recommend measurements and comparatives to be used in measurements.
- (e) Identify benchmarking projects to participate in.
- (f) Oversee and support the cross functional teams responsible for implementation of PI and Safety plans.
- (g) Conduct data review for PI initiatives, Quality reports, benchmarking projects, Joint Commission Quality issues or complaints, Sentinel events, Root Cause Analysis, Proactive Risk assessments, and Safety survey process.
- (h) Recommend allocation of resources as necessary to carry out PI activities.
- (i) Recommend educational activities as necessary.
- (j) Determine activities to be referred to peer review.
- (k) Communication of PI activities throughout the organization, including the Board of Trustees.

(5) Meetings

The Quality and Patient Safety Council will meet at least ten (10) times a year. Regular attendance and participation in Council activities are required for continued membership in the Council. Staff from the Quality Management Department may serve as ad hoc and support staff as determined by the Administrator of Quality Management.

<p>Approved by:</p> <p> Sanford R. Kimmel, M.D. Chief of Staff</p> <p> Ronald McGinnis, M.D. Medical Director</p> <p><u>5/27/09</u> Date</p> <p><i>Review/Revision Completed by:</i> <i>Quality and Patient Safety Council</i> <i>Medical Executive Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>MS-020 Performance Improvement Council</i> <p>Review/Revision Date: 11/19/03 08/09/06 04/22/09</p> <p>Next review date: 04/22/12</p>
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