


<p>Name of Policy: <u>Quality and Patient Safety Council</u></p> <p>Policy Number: 3364-87-20</p> <p>Approving Officer: Chief of Staff Chief Medical Officer</p> <p>Responsible Agent: Director, Quality and Patient Safety</p> <p>Scope: All University of Toledo Campuses</p>	 <p>Effective Date: 11/01/2023</p> <p>Original Effective Date: 03/14/01</p>										
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(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 (QSPC) 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 quality and safety monitoring and performance improvement initiatives that support the mission and strategy of UTMC.

(2) Objectives

- (a) Identify an annual quality and patient safety plan consistent with the hospital's mission and strategic plan.
- (b) The Committee synthesizes and coordinates quality and patient safety activities and ensures that activities throughout the organization are consistent with the priorities established by leadership.
- (c) Evaluate progress in achieving quality goals within the quality plan annually and recommend priorities to senior leaders for future goal setting.

(3) Composition

The committee will be comprised of:

Chief of Staff	Vice President of Patient Care Services
Chief Medical Officer (CMO)	Chief Nursing Officer
Vice Chief of Staff	Administrator of Surgical Services
Former Chief of Staff	Director, Quality & Patient Safety
Secretary-Treasurer of Medical Staff	UTMC Board of Trustees Member
Chief Executive Officer	Physician Representatives as appointed or invited
	UTMC patient or representative invited by the CMO for a one-year term which can be renewed

The QPSC is chaired by the Chief Medical Officer.

(4) Responsibilities and Duties

The QPSC responsibilities include:

- (a) Update and approve the annual quality and patient safety plan.
- (b) Establish priorities for quality initiatives that emphasize improving clinical quality and patient safety.
- (c) Approve and recommend measurements and comparatives to be used in measurements.
- (d) Review Intradepartmental performance improvement activities, to assure coordination of efforts
- (e) 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 Director, Quality Improvement & Patient Safety.

<p>Approved by:</p> <p><u> </u> /S/ <u> </u> Date</p> <p>Puneet Sindhwani, MD Chief of Staff</p> <p><u> </u> /S/ <u> </u> Date</p> <p>Michael Ellis, MD Chief Medical Officer</p> <p><i>Review/Revision Completed by: Quality and Patient Safety Council Medical Executive Committee</i></p>	<p>Review/Revision Date: 11/19/03 08/09/06</p> <p>04/22/09 04/25/12 03/01/2016 08/28/19 11/01/2020 11/01/2023</p> <p>Next Review Date: 11/01/2025</p>
<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • MS-020 Performance Improvement Council 	