Perioperative Quality Improvement Committee Charter

Vanderbilt University Medical Center

February 4th, 2008
PERIOPERATIVE QUALITY IMPROVEMENT COMMITTEE CHARTER

COMMITTEE OBJECTIVE/AIM:

To assure confidential, objective, review of systems based repeated issues affecting the care provided to surgical patients and that has an actual or potentially adverse effect on the health or welfare of patients or other members of the Vanderbilt University Medical Center.

COMMITTEE KEY REQUIREMENTS:

The Perioperative Quality Improvement Committee functions within the by-laws of Vanderbilt University Hospital and reports directly to the Perioperative Executive Committee. Its primary function is to review the quality of care provided to patients of the Vanderbilt University Medical Center.

The Perioperative Quality Improvement Committee will create its own procedures for the manner in which meetings are conducted and actions are taken; however, the Perioperative Quality Improvement Committee will meet no less frequently than quarterly. A quorum of a simple majority of the members will be present before any actions are undertaken and will only take actions and make recommendations where at least a simple majority (>50%) of the members present at a duly constituted meeting approve formally any such actions or recommendations. The Perioperative Quality Improvement Committee can adopt rules requiring a super-majority vote for the approval of certain actions or recommendations.

1. Direct accountability to the Perioperative Executive Committee
2. Regular reporting to the Periperative Enterprise Committee
3. Active participation and support of care providers
4. Established criteria for review
5. Regularly scheduled meetings at appropriate intervals
6. Maintain records reflecting the actions of the Perioperative Quality Improvement Committee
7. Supervision of the Perioperative Quality Improvement Committee activities by a Medical Director

COMPOSITION:

Voting members of the Perioperative Quality Improvement Committee representation will include the following:

1. The surgeon, nursing and anesthesiology leaders that represents the surgical operating room PODs
2. A representative of any surgical department not represented by the surgical operating room POD
4. The Director of Perioperative Quality Management
5. The Director of Perioperative Education
6. The Chair of the Surgical Science Quality Improvement Committee
7. The Director of Anesthesiology Quality Improvement Committee
8. The Director or representative designee of the Center for Clinical Improvement

Others non-voting members may be asked to participate in the deliberations of the committee at the invitation of the Chair of the Perioperative Quality Improvement Committee.
Chair of the Perioperative Quality Improvement Committee will be selected by the Perioperative Executive Committee. Annually a Chair Elect will be selected by the Perioperative Quality Improvement Committee. This chair elect will be responsible for chairing the Perioperative Quality Improvement Committee in the absence of the Chair of the Committee

RESPONSIBILITIES:

The Perioperative Quality Improvement Committee shall:

- Review of systems issues uncovered by the morbidity and mortality process related to surgical patients with the goal as determined appropriate by the Perioperative Executive Committee and the Surgical Science Improvement Committee to identify and correct systems issues determined to be detrimental to patient care or staff safety

- Review quality indicators related to the perioperative care process and propose actions to modify procedures in an effort to improve patient care.

MEETINGS:

The Perioperative Quality Improvement Committee shall meet at least quarterly. The committee may meet more frequently as desired.

The Perioperative Quality Improvement Committee may be called into emergency session by the Chair, if necessary, in accordance with notification provisions, if any, in the By-laws.

REVIEW PROCESS:

- **Mortality Review Process:**
  
  One hundred per cent (100%) of all reported mortalities occurring in Perioperative Services are reviewed on a monthly basis for quality issues/sentinel events as referred by the Surgical Departments M&M director, Chair or designee.

- **Morbidity Review Process:**
  
  One hundred per cent (100%) of all reported morbidities occurring in Perioperative Services are reviewed on a monthly basis for quality issues/sentinel events as referred by the Surgical Departments M&M director, Chair or designee.