Our board requires the assistance of standing committees to effectively/efficiently meet its obligations, fulfill its responsibilities and perform its roles because: some aspects of governance work are best tackled by small groups; and our board does not have enough time, when it meets, to accomplish everything required of it. Excluding noted exceptions, standing committees are not authorized to formulate policies or make decisions on behalf of our board. Rather, committees are charged with performing governance “staff work” that leverages our board’s time and effort.

**purposes**

- assist our board to fulfill its responsibility for ensuring the quality of care and patient safety
- assist our board in formulating policies regarding, making decisions about and overseeing the quality of care provided in, and by, ___[organization name]___
- assist our board to credential members of the medical staff

**tasks**

- develop an annual committee work plan; forward to the executive committee for review/input and approval
- annually, review management analyses of community health status and needs; forward to the board for review and discussion
- on a case-by-case basis, review recommendations of the medical staff executive committee regarding the appointment, reappointment and privilege delineation of physicians and other designated clinicians; for-
ward recommendations to the board for review/action

✓ at least every other year, review and assess the effectiveness/efficiency of the credentialing process (including managerial, medical staff and governance components); forward analyses and recommendations to the board for review/action

✓ annually, review objectives drafted by management regarding the medical staff development plan, utilization, length-of-stay, clinical quality, patient safety and service quality; forward analyses and recommendations to the board for review/action

✓ draft policies and decisions regarding credentialing, quality and patient safety; forward to the board for discussion/action

✓ review and analyze all management proposals regarding credentialing, quality and patient safety; forward to the board for discussion/action

✓ specify quantitative performance measures (indicators, standards/benchmarks) and process/monitoring timelines that should be included in our board’s quality and patient safety assessment process; forward recommendations to the board for discussion/approval

✓ quarterly, review quantitative performance measures (indicators, standards/benchmarks) and process/monitoring timelines regarding:
  - utilization
  - length-of-stay
  - clinical quality
  - patient safety
  - service quality
if deficiencies are detected, forward an assessment and recommenda-
tions to the board for discussion/action

✓ as requested, serve as a quality “sounding board” and “brain-storming” group for the President/CEO and Chief Medical/Quality Officers

✓ as needed, coordinate its work with other board committees (particularly planning and finance)

✓ perform other tasks, dealing with quality, credentialing and patient safety assigned by the board

✓ annually, forward a report to the executive committee: detailing the committee’s activities/accomplishment; assessing its performance; making recommendations for alteration in functions/processes/procedures

meetings

✓ monthly, 12 times per year

✓ expected duration: 1.5 hours

✓ agenda books and background materials will be distributed to committee members at least ___ days prior to the meeting

composition

✓ at least four directors (voting), one of which must be a physician

✓ Chief Medical Officer (ex officio without vote)

✓ Chief Quality Officer (ex officio without vote)
✓ Chief Nursing Officer (ex officio without vote)

✓ one non-director clinician with knowledge/experience in the area of healthcare quality assurance (voting)

**staffing**

✓ professional: one senior staff member designated by the Chief Medical Officer

✓ administrative/secretarial: individual designated by the Chief Medical Officer

**NOTES:**

A charter assists in directing and structuring committee work. This illustrative charter is crafted for the credentialing and quality committee of a free-standing hospital board based on current best practices; modifications would need to be made for: health system (parent) boards; boards of hospitals which are system subsidiaries; and boards of other healthcare organizations (e.g., medical group).

*This is an illustration* and not meant to be comprehensive or inclusive. It is provided as a template, and point of departure, for formulating your board’s credentialing and quality committee charter.

This charter is aligned with other *Center Tools*, particularly: board charter; governing principles; and other committee charters.

The charter is grounded on a model of healthcare organization governance forwarded in *Board Work* by Dennis Pointer and James Orlikoff (Jossey-Bass, 1999). For information about a board’s quality responsibilities and roles,
consult: *Getting to Great – Principles of Health Care Organization Governance* by Dennis Pointer and James Orlikoff (Jossey-Bass, 2002). For information regarding, or to order, these publications visit www.americangovernance.com.