

QUALITY IMPROVEMENT (QI) COMMITTEE CHARGE

Number of Members: 8 – 14

Composition

Members shall have knowledge and interest in healthcare QI and include a physician Chair and Vice Chair, other physicians from diverse healthcare environments, QI experts/administrators from hospitals or health systems, a payer representative (as appropriate), an Allied professional, and a Fellow-in-training or emerging leader. The Chair may invite guests as needed to expedite information sharing.

Method of Appointment

The Committee Chair, Vice Chair and members shall be appointed by the President and/or Vice President, in consultation with the Chief Executive Officer.

Term of Office

One year. Reappointment for two additional consecutive one-year terms is permissible.

Accountability

Reports to: Board of Trustees

Key Relationships: Education Council; Heart Rhythm Program Committee; Health Policy and Regulatory Affairs Committee; Scientific Documents Committee, and Clinical Guidelines Committee.

Purpose

To shape the Society's quality improvement activities in order to accomplish the following goals:

- Foster a culture of quality improvement with a global network of heart rhythm *quality champions* and the delivery of QI education and training opportunities related to heart rhythm disorders;
- Identify and evaluate systems-based methods to improve experience and outcomes for patients with heart rhythm disorders;
- Increase the awareness, acceptance, adoption and adherence to clinical guidelines and best practices by healthcare professionals who treat patients with heart rhythm disorders;
- Address gaps that result in population disparities in care and outcomes for those with heart rhythm disorders;
- Expand the availability and use of tools to measure performance and outcomes, control variability, reduce cost and improve efficiency in the care of patients with heart rhythm disorders;

- Ease the burden for heart rhythm professionals in meeting regulatory and credentialing requirements and transitioning to the constantly evolving environment of healthcare payment reform;
- Identify sustainable business models for continued HRS QI education.

Responsibilities

- Strategize and design a plan, timeline, and budget to meet the goals listed above;
- Share expertise and guidance in regular communications, primarily via email, phone and online meetings with occasional in-person meetings held in conjunction with HRS events;
- Review plans, proposals, meeting summaries and reports and offer feedback as requested;

Decision-Making Authority

- Establish QI education plans
- Recommend QI champions
- Recommend education, training and tools to appropriate HRS committees

Meeting Frequency

- Quarterly conference calls
- Annual in-person meeting held in May during Heart Rhythm

Estimated Time Commitment

2 hours per month

Scheduled

Committee Conference Calls (once per quarter)
In-Person Meeting (May, during Heart Rhythm)

Ad Hoc

Committee Conference Calls (as needed)

Busiest Times of the Year

Prior to conference calls