

# 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