



## Governance Document

Revised and approved by the Steering Committee 11.20.09

The Washington Patient Safety Coalition is a program of the Foundation for Health Care Quality (FHCQ), a private, non-profit entity. As the Coalition's host, the FHCQ brings its status as an independent, trusted venue for collaboration with a wide variety of stakeholders to bridge public and private concerns; it provides staffing and facilitation and serves as the Coalition's fiscal agent.

This document describes the organization and governance of the Coalition.

### Steering Committee:

The Steering Committee provides leadership and strategic planning for the Coalition's goals and activities. It identifies priorities; measures progress toward goals; communicates with stakeholders and disseminates information and materials; and identifies sources of financial support.

This Committee may revise or establish new rules of conduct. The governing structure is as follows:

1. The Steering Committee has been established as the Coalition's primary governing body.
2. The Foundation for Health Care Quality has recognized the members of the Steering Committee and delegated control to the Steering Committee over the Coalition rules of operation and program activities, which may include directing strategic planning and quality improvement activities.
3. The Steering Committee will be self-perpetuating: it will elect additional members as needed, as terms expire or vacancies are created.
4. Members:
  - a. Members: There will be no more than 15 seats, nominated by the Executive Subcommittee from Coalition members, to be widely representative of stakeholders. Members vote on all actions of the Steering Committee. Any vacant seats will be filled by recommendation of the Executive Subcommittee and approved by the Steering Committee.
  - b. Members of the Steering Committee will serve renewable two-year terms.
  - c. If a member resigns his/her position on the Steering Committee, the seat will be filled by the recommendation of the Executive Subcommittee and approved by the Steering Committee; the seat may, but will not necessarily, transfer to another person from the same organization.
5. The Steering Committee will elect a Chair and Vice-Chair from its members to serve a non-renewable two-year term.
6. The Steering Committee may create subcommittees at its own discretion.

7. Steering Committee meetings and related business will be conducted by agreed-upon Rules of Order.
8. The Steering Committee will conduct regularly-scheduled meetings.
9. Minutes of Committee meetings will be kept, and will be made available to all Coalition members.
10. Steering Committee actions require a quorum of eight voting members.
11. All actions of the Steering Committee will be approved by a simple majority vote.
12. In the absence of a quorum, those present may recommend that an action take place, which may then be voted upon by the Steering Committee via e-mail.
13. In the absence of both the Chair and Vice-Chair, meetings may be chaired by the CEO of the Foundation for Health Care Quality or by the Coalition's Program Director.
14. Attendance expectation: Members will attend at least 2/3 of the meetings each year, either in person or by phone. Members who do not meet this standard may be asked to resign their seat, may not be nominated to renew their term, or may be invited to serve as non-voting advisors.
15. Each member will participate in at least one Coalition subcommittee.

Advisory Group: Designated individuals from member organizations may join the Advisory Group; they are welcome to attend Steering Committee meetings without expectations of attendance, will receive Steering Committee minutes and other materials, and are encouraged to join subcommittees.

Subcommittees:

I. Standing Subcommittees:

a. Executive Subcommittee:

- i. The membership of the Executive Subcommittee consists of the following: the immediate Past Chair, Chair, and Vice-Chair of the Steering Committee; Chairs of the Membership and Finance and the Annual Conference subcommittees.
- ii. This subcommittee hears reports from the above-named chairs and develops the agenda for each Steering Committee meeting; reviews the Coalition Governance annually and makes recommendations for changes to the full Steering Committee; it identifies and vets potential new voting members of the Steering Committee and recommends them; it monitors the attendance and participation of voting members and makes recommendation about term renewals.; it may also make decisions and

recommendations that, due to time constraints, cannot be delayed until the next Steering Committee meeting.

b. Membership and Finance Subcommittee:

- i. This committee is responsible for reviewing the financial status and plans for the Coalition and it develops and monitors strategies, including membership. Membership in this subcommittee is open to any member of the Coalition and will have no more than nine members, a majority of whom are Steering Committee members. It will be chaired by a member of the Steering Committee.

c. Annual Conference Subcommittee:

- i. This committee develops and coordinates the annual conference. Membership is open to any member of the Coalition. Its size will be determined by the subcommittee Chair. It will be chaired by a member of the Steering Committee.

2. Other Subcommittees:

- a. Other subcommittees and workgroups may be formed to carry out the priorities of the Coalition. Examples include medication safety, heart failure, and teleconferences. All members of the Coalition are strongly encouraged to serve on these subcommittees. Each subcommittee will determine its own membership, structure, meeting schedule, and other operational aspects.