



UNC Medical Center Improvement Council Bylaws

Article I: Mission

The UNC Medical Center Improvement Council (MCIC) is responsible for leading quality improvement and patient safety initiatives at the Medical Center (MC). This includes developing organizational quality goals, directing priority areas, and coordinating and allocating resources. MCIC provides oversight to quality councils and committees that operate at the Medical Center.

Article II: Purpose

The purpose of the Medical Center Improvement Council is to:

1. Provide strategic planning for quality improvement and safety transformation goals, both short and long term.
2. Provide oversight and guidance for improvement initiatives and subcommittees.
3. Prioritize the integration and spread of successful initiatives.
4. Approve the mobilization of existing resources to projects and goals.
5. Communicate key issues and initiatives in health care quality and patient safety, both internally and externally.
6. Recognize and respond to patterns of safety concerns from sentinel event reviews, root cause analyses, and risk management and patient safety databases.
7. Support, assess, and monitor outcomes and effectiveness of all subcommittees.
8. Develop policies that direct improvement work at the Medical Center.
9. Ensure alignment with the Health Care System Quality Improvement Oversight Committee (QIOC).

Article III: Membership

Section 1

Voting membership shall include the following:

- Chief Medical Officer
- Chief Nursing Officer
- Associate Chief Medical Officer for Quality
- Outpatient Services Leadership representative
- Vice Chairs of Quality or equivalent from key departments
- Member of leadership team from:
 - Hospital Quality & Innovation/Performance Improvement & Patient Safety
 - Nursing Quality & Research
 - Operational Efficiency/Carolina Value
 - Hospital Epidemiology
 - Practice Quality & Innovation
 - Division of Healthcare Engineering
 - Institute for Healthcare Quality Improvement
 - Risk Management
 - Pharmacy
- Housestaff Council President / VP for Quality

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- Patient Safety Officer
- Medical Director, Peri-Operative Services
- VP, Peri-Operative Services
- ISD/Epic Leadership representative
- Enterprise Analytics & Data Science representative
- Chartered Committee representation

Ad Hoc members:

- Ad Hoc members shall be added at the discretion of the MCIC Executive Committee in order to meet the needs of the MCIC or the UNC MC as a whole.

Section 2

Membership Privileges

- a. Each Council member shall have only one vote (if there is more than representative per service area on the Council, there is still one voting member per service).
- b. Ad Hoc members will have no voting privileges.
- c. Members are responsible for reporting activities and disseminating minutes/ information to their respective unit or service areas.

Article IV: Officers

Section 1

- a. The Co-Chairs shall be CMO and CNO.
- b. Executive Committee shall be comprised of CMO, CNO, IHQI Executive Director, Outpatient Services Executive Leader, and Associate CMO for Quality.

Section 2

Duties of the Officers:

The MCIC Executive Committee is responsible for the following:

- a. Schedule and facilitate regular meetings.
- b. Develop an agenda for each meeting.
- c. Ensure that meeting minutes are maintained and disseminated.
- d. Educate staff as to the activities and goals of the Medical Center Improvement Council.
- e. Develop and submit an annual report due each December to Medical Staff Executive Committee with appropriate dissemination to additional stakeholders.

Article V: Committees

Hospital Committees that address performance improvement activities will report to the MCIC. These committees will be formed at the discretion of the MCIC and are listed in Appendix A. Each committee shall have an MCIC Executive Committee liaison who will attend meetings at least quarterly.

Article VI: Council Subcommittees

The council shall have specific action-oriented subcommittees. The MCIC co-chairs will charter the subcommittees and appoint a chair. Subcommittee membership must include at least one Executive Committee member. Subcommittee chairs will report to the MCIC every 4 – 6 months, except in those cases in which more frequent reporting is necessary. Subcommittees include:

1. Prioritization:
 - a. Reviews project and program proposals and determines appropriateness for organizational goals

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- b. Prioritizes the allocation of resources (training, improvement coaching, analytics) for programs, services, and projects at the medical center
- 2. Patient Safety Reporting
 - a. Reviews key sentinel events from the medical center
 - b. Develops action plans and works with service and unit leadership to implement
- 3. Mortality Review
 - a. Leads multidisciplinary review of mortality cases
 - b. Monitors trends of system & process-related issues
- 4. Data & Transparency
 - a. Provides oversight and guidance for dashboards pertaining to quality measures and safety reporting
 - b. Develops policies around data dissemination and distribution
- 5. Communication
 - a. Develops recommendations for information dissemination (content, media, and recipients)
 - b. Engages key partners, including clinical leadership and communication / marketing professionals to develop and deploy approved messaging

Article VII: Meetings:

- a. The Medical Center Improvement Council will meet once a month (at least 10 times per year).
- b. Members must attend at least 75% of yearly meetings to retain their Council membership.
- c. Inability to attend a meeting must be clearly communicated to the Co-Chairs in advance.
- d. It is the responsibility of the Council member to obtain information from the missed meeting and disseminate this to the appropriate groups.
- e. Meetings are open to non-members.

Article VI: Quorum

51% of the voting members of the Improvement Council members shall constitute a quorum for all meetings. A consensus decision making process is preferred; when necessary, a motion will be considered approved when passed by a minimum of 2/3 majority vote.

Article VII: Amendments

- a. These bylaws may be amended at any meeting of the Council with a quorum of 2/3 attendance and by a 2/3 majority vote.
- b. Members shall be notified in writing (14) fourteen days in advance of proposed change.
- c. Notification shall include present article and section citation and proposed amendment.

Medical Center Improvement Council

Appendix A

Committees include:

- Transitions Executive Committee
- Preventing Patient Harm Guiding Coalition
- Children’s Improvement Council
- Hillsborough Improvement Council
- Peri-Op Improvement Council
- Neurosciences Improvement Council
- Transplant QAPI
- Trauma Performance Improvement
- Home Health & Hospice

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