

## **Name of Regional Quality Group**

### **Bylaws**

#### **I. Mission Statement**

The **Name of Regional Quality Group (GROUP)** is a voluntary, cooperative group of clinicians, hospital administrators, and research personnel organized to improve the care of patients with vascular disease. By collecting and exchanging information, the group strives to continuously improve the quality, safety, effectiveness and cost of vascular healthcare.

#### **II. Membership**

Hospitals or physician groups that participate in the Society for Vascular Patient Safety Organization (SVS PSO) are eligible for membership in **GROUP** if they are located within (**specify region**). A majority vote of the **GROUP** Executive Committee is required to approve **GROUP** membership for new hospitals or physician groups that are then termed "Members." Clinicians, hospital administrators, and research personnel who participate in **GROUP** are termed "Participants." They are required to follow the policies and procedures established by **GROUP** (see Section VII). If hospitals act as the contracting entity with **GROUP** (see III.), any physicians who perform vascular procedures in that hospital may participate in **GROUP**.

#### **III. Contracts**

The **GROUP** is an unincorporated association of Members that contract with the Society for Vascular Surgery® Patient Safety Organization (SVS PSO) for quality improvement services. SVS PSO is a Patient Safety Organization, as defined by The Patient Safety and Quality Improvement Act of 2005 (PSQIA), implemented to protect the confidentiality of all data analyses and resulting patient safety work product. **GROUP** regional activities, including semiannual meetings, administrative activity and regional data analyses, are funded by **GROUP** Members through an annual fee established by the Executive Committee. Each **GROUP** Member must contract with the (**Name of Agent**) which acts as the fiduciary agent for **GROUP** to receive these payments.

#### **IV. Committees and Staff**

##### **1) Executive Committee (EC):**

The **GROUP** Executive Committee (EC) consists of one representative appointed by each **GROUP** Member, as well as a Medical Director, all of whom are voting members. The EC conducts the business of the **GROUP** and makes all decisions on behalf of the **GROUP**, including oversight of budgets, contracts, publications, relationships with outside parties, requests for membership, and the general direction of the association. The EC oversees the interaction of **GROUP** with the FEDUCIARY AGENT, including costs and contractual details for **GROUP** Member participation. The EC may designate other committees as necessary to conduct the business of **GROUP**.

The EC may meet in person, or by conference call or email. Meetings may be called by the Medical Director, or at the request of any other two members of the EC. A quorum of the EC consists of representatives of at least two-thirds of the **GROUP** Members, which is necessary to conduct business. A majority vote of the members present at a meeting at which a quorum exists is required to pass resolutions. In the event that an EC member cannot attend a meeting, the **GROUP** Member may designate an alternate, who shall have full voting rights. Minutes of the Executive Committee meetings are distributed electronically or via the **GROUP** website to all Members and Participants of the **GROUP**.

## 2) Quality Committee (QC):

The **GROUP** Quality Committee (QC) consists of **GROUP** Participants, including a Chair, appointed by the Medical Director with approval of the EC. The term of membership and number of members is determined by the EC. The mission of the QC is to oversee quality improvement efforts in **GROUP**. This includes the development of specific quality improvement projects for approval by the EC; organizing quality presentations at the **GROUP** semi-annual meetings; developing practice guidelines, care plans, and other clinical aids; revising data collection forms and reports; and reviewing regional data to identify areas for quality improvement. The EC shall appoint a member of the **GROUP** QC to represent **GROUP** on the SVS PSO Quality Committee.

## 3) Research Advisory Committee (RAC):

The Research Advisory Committee (RAC) consists of **GROUP** Participants, including a Chair, appointed by the Medical Director with approval of the EC. Members of the RAC will have interest and expertise in the design, conduct, interpretation, and presentation of analytic projects involving data collected by **GROUP**. The term of membership and number of members is determined by the EC. The mission of the RAC is to facilitate the conduct of quality improvement research by **GROUP** Participants. The RAC will review research proposals from **GROUP** Participants that request **GROUP** non-identifiable regional datasets that are derived from the SVS PSO. The RAC will work with researchers to ensure that proposed research projects are novel, central to the **GROUP** mission, have an appropriate analytic plan, are correctly interpreted, and are properly presented and published. At least one RAC member will serve as an author on every research product generated by **GROUP** Participants, and it will be the responsibility of the RAC member(s) to ensure that the researchers act appropriately within the RAC's policies and procedures. The RAC will make recommendations to the EC as to whether each research project should be approved.

## 4) Staff:

a) The **Medical Director** is a physician selected by a majority vote of the EC to a three year renewable term. The Medical Director chairs the EC, prepares the agenda for **GROUP** meetings, prepares an annual budget and is responsible for the overall operations of the **GROUP** between meetings of the EC.

b) **Staff Members** may be hired by the EC to meet organizational and analytical needs of **GROUP**, or such services may be contracted from an outside entity. Staff members are selected by the Medical Director with approval by the EC. Their percentage effort and associated salary are set by the EC, consistent with the annual budget. *[Add staff members or examples if desired]*

## VI. Shared Data Ownership

Each **GROUP** Member owns the clinical data that it submits to the SVS PSO, and is entitled to specify and control the use of its data as set forth in its contract with the SVS PSO. Thus, any **GROUP** use of non-identifiable data submitted by Members for purposes other than the quality improvement functions performed by **GROUP**, such as health services research, shall require the prior consent of the Member, requested and recorded by the SVS PSO for each instance.

## VII. Policies

The following principles guide the function of the **GROUP** and must be adhered to by all Members and Participants:

- 1) All activities of the **GROUP** must be consistent with the mission statement. All data reports that compare physicians or hospitals must be anonymous, as specified in the PSQIA. All Participants in the **GROUP** agree to follow the rules of the PSQIA regarding confidentiality of this information.
- 2) Each physician Participant must submit data for all consecutive procedures for the procedure types that they elect to enter through the SVS PSO, and must agree to submit billing data as specified by the SVS PSO on a periodic basis to allow an audit to ensure accurate and complete data entry.
- 3) Each hospital Member agrees to submit billing data as specified by the SVS PSO on a periodic basis to allow an audit to ensure accurate and complete data entry.
- 4) Each Member and Participant must submit complete data forms using a web-based system approved by the SVS PSO, including follow-up data at one year, or other time points established by the **GROUP**.
- 5) Each Member and Participant agrees that comparative data can never be used for competitive marketing. Thus, benchmarking reports that compares hospitals or physicians can never be published, consistent with the PSQIA.
- 6) Each Member and Participant must agree to follow all provisions of the PSQIA to prevent the disclosure of any patient identifiable information, as well as any hospital or physician identifiable information. Further, each Member and Participant must agree to follow all regulations contained within the Hospital Insurance Portability and Accountability Act (HIPAA).
- 7) Failure to adhere to these policies may result in loss of membership in **GROUP** for a hospital or physician group, if so determined by a majority vote of the EC.

## VIII. Research

Proposals for health services research projects using shared, non-identifiable **GROUP** regional data may be made by any **GROUP** Participant, and shall be considered by the EC after review by the RAC. If approved by the Executive Committee such projects may proceed. All **GROUP** Members conducting such research must agree to abide by all **GROUP** confidentiality rules, all HIPAA regulations, and all PSQIA regulations that are relevant to protecting the privacy of both patients and the member hospitals and physicians, none of whom shall be identified in any publication. All resulting publications and presentations shall be authored by the specific participating researchers from the **GROUP** and carry the author byline “on behalf of **GROUP** and the Principal Investigator of such research projects must sign a statement that attests to these agreements.

## VIII. Amendments

Bylaws may be amended by a vote of two-thirds of the full membership of the EC provided that such amendments are circulated electronically at least 30 days prior to their consideration.