

Committee/Team Name Charter Effective Date	Resident Quality and Safety Teams (RQST)
Purpose	<ul style="list-style-type: none"> <li>The purpose of the RQST is to engage residents in identifying, developing, and promoting institutional improvement initiatives to achieve the quality goals of UAMS and to promote experiential learning in patient safety and quality as part of their education and training.</li> </ul>
Expected Outcomes	<ul style="list-style-type: none"> <li>Hold at least 11 RQST meetings per year Contribute to at least 2 health system improvement initiatives aligned with UAMS's strategic quality &amp; safety priorities, the priorities of the School of Medicine, and the priorities of the RQST members</li> <li>Report out at least once to the Quality Oversight Committee (QUEST)</li> <li>Coordinate with the DIO or DIO's designee to use cases for educational purposes</li> </ul>
Overarching Goals	<ul style="list-style-type: none"> <li>Conduct quality and safety administrative duties as designated by QUEST</li> <li>Learn about critical quality safety committee decisions.</li> </ul> <p>**Goals to be revisited each year.</p>
Members	<p><b>Chiefs/Chairs</b></p> <ul style="list-style-type: none"> <li>Committee peer selects their own chairs.</li> <li><b>Resident Members from core residency programs</b>PGY-2 to PGY-3 resident representatives from most residency programs (eventually) with approximately 40 (max) residents.</li> <li>One learner (at minimum) from the Internal Medicine Systems Based Practice Elective.</li> <li>GME residency council members will assist in recruitment.</li> </ul> <p><b>Administrative Coordinators</b></p> <ul style="list-style-type: none"> <li>Tim Atkinson, Ed.D., Internal Medicine, or DIO's designee</li> <li>Chief Quality Officer Designee</li> </ul> <p><b>Executive Sponsors</b></p> <ul style="list-style-type: none"> <li>Troy Schmit, MHA - Chief Quality Officer</li> <li>Molly Gathright, MD - Associate Dean/DIO for GME</li> </ul>
Guiding Principles	<ul style="list-style-type: none"> <li>This is a council of, by, and for residents.</li> <li>We value an inter-professional (nurse, physician, pharmacist, etc.) and multi-disciplinary (inpatient, ambulatory, specialty, etc.) approach to improvement.</li> <li>We value patient-centeredness and inclusion in improvement work.</li> <li>We consistently seek to apply the rigorous best practices of the science of improvement.</li> <li>We aim for a 'say:do' ratio of 1:1.</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>This is part of the UAMS quality infrastructure with direct reporting to the QUEST.</li> </ul>

	<ul style="list-style-type: none"> <li>• The faculty lead shall be a designee from the Associate Dean of GME/DIO and has dual reporting to the Chief Medical Officer of the Health System and the Associate Dean of GME/DIO.</li> <li>• RQST chairs will coordinate regular report outs to their resident programs and QUEST every 3-6 months.</li> <li>• The content and mechanism of communication are at the discretion of each core representative.</li> </ul>
Boundaries and Decision-Making Authority	<ul style="list-style-type: none"> <li>• Actions currently follow the scope of Quality Management at UAMS and are limited to areas in which residents rotate unless in consultation with the requisite process owners AND in consultation with RQST executive sponsors</li> <li>• Defer decision making authority to process owners in terms of decisions not directly related to house officer roles/responsibilities</li> <li>• Decisions affecting clinical processes are made in consultation with requisite service line leadership.</li> </ul>
Operating Agreements	<ul style="list-style-type: none"> <li>• Every core residency must have at least one core representative to the RQST identified and present at every meeting (or else send a delegate); exceptions can be made on a case by case basis.</li> <li>• Core representatives that are leaving UAMS or stepping down from this role are responsible for finding a replacement by June 1st of the year of service.</li> <li>• Decisions will be made in meetings by a 50% majority with tie breaker going to the Chief Medical Quality Officer's quality designee.</li> <li>• Votes can be submitted remotely via email/phone.</li> <li>• Chairs will work with the RQST Administrative Coordinator to schedule monthly Chair meetings.</li> <li>• Activity between meetings will be coordinated using the shared UAMS Box site.</li> </ul>
Meetings	<ul style="list-style-type: none"> <li>• Monthly on the 3rd Wednesday of every month</li> <li>• Duration: 1.5 hours</li> <li>• Location: varies, with preference for location close to clinical care areas</li> <li>• Administrative Coordinator: ??</li> </ul>
Document History	<ul style="list-style-type: none"> <li>• Draft January 2020. Revised Draft October 2020. Approved November 2020.</li> </ul>