VCSQI-VCACC Oversight Committee

I. Composition of Committee and Appointment of Committee Members:
   a. Chair (1) Appointed by the VCACC Governor (or designee)
   b. Members of the Committee (voting):
      3 At-large Members appointed by the VCACC
      3 At-large Members appointed by VCSQI
      1 Member from ACC Catheterization Percutaneous Coronary Intervention (CathPCI), NCDR or other ACC registry/quality initiative program
      1 Hospital Administrator mutually agreed upon by the VCACC and VCSQI
   c. Ex-Officio Members of the Committee (non-voting):
      1 Statistician mutually agreed upon by the VCACC and VCSQI

II. Composition and Charge/Scope of Work
The Committee oversees use of the registry data and dictates the method of analysis. Voting members include the Chair, at-large members, the Hospital Administrator and the ACC–NCDR CathPCI member. All non-procedural votes must pass by 60% of the members present to be actionable. Proposed projects will require approval by the Committee and a written, signed addendum. Duties of the Oversight Committee include:
   a. Establishing and overseeing processes and procedures to govern data use in compliance with established regulatory requirements including but not limited to HIPAA and human subject research
   b. Establishing and overseeing process and procedures to govern and support the VCSQI pipeline
   c. Reviewing opportunities for collaborations with other quality, research, or government organizations such as state department of health, universities, and others
   d. Establishing working groups as needed to support specific projects
   e. Approving all proposed projects before proceeding with implementation or research
**Length of Terms**

Each term will be for three (3) years with 1 additional term possible. Each year two (2) members will rotate off to allow continuity and new member involvement. The first terms for the initial members will be for 3, 4 and 5 years to allow continuity and to be able to stagger terms.

**Committee Member Involvement**

Overseight Committee members will be asked to:

1. Attend at least 1 meeting in person
2. Participate on teleconferences (3-4 times per year)

**Committee Member Qualifications**

1. Experience/knowledge of health services, clinical outcomes, and/or quality of care research
2. Experience with quality improvement processes
3. Clinical, scientific, quality of care, and/or clinical registry experience in registry domain area is preferable
4. Able to commit to participation expectations and timelines