Quality Improvement & Patient Safety Committee
A Science & Quality Subcommittee

AUA Staff Liaison: Emily Calvert, MSN, RN

Chair: Matthew Nielsen, MD

Terms of Office
- Members: 3-year term, renewable once
- Chair: 3-year term (non-renewable)

Committee Makeup
The QIPS Committee consists of the Chair and approximately 12 additional members appointed based upon knowledge and expertise in the subject matter. The Chair recommends committee members. The staff liaison and Chair work to assure appropriate geographic and practice diversity. The Chair is appointed by the AUA President based on a recommendation from the Science & Quality Council Chair and approval from the AUA Compensation Committee.

Mission & Vision Statements
Mission: To foster quality urologic care through the development of quality improvement initiatives such as developing and testing physician performance measures, implementing initiatives on patient safety and other important and timely issues of concern to urology (including white papers) and monitoring federal quality programs and alerting AUA members of these initiatives.

Vision: AUA, as a recognized leader for quality initiatives in urology, will continue to promote the highest standards of urologic care while guarding patient safety.

Committee Meetings
The committee meets twice per year at AUA headquarters--once in the spring and once in the fall. There is email correspondence throughout the year; conference calls are scheduled on an as needed basis.

Time Commitment
Chair: 10-15 hours a week/ approximately 600 hours per year
Member: 30-50 hours per year

Qualifications/ Responsibilities
Chair: The Chair should have the ability to organize and motivate the committee towards common goals and work objectives, have a strong background in quality measurement and improvement, patient safety and health policy overall, and be able to coordinate the activities of the committee with the assistance of AUA staff. The Chair will oversee the committee’s work in responding to government and private payor healthcare quality initiatives and direct the AUA Board towards an action plan for responding to public and private quality and safety initiatives. The Chair should also keep abreast of regulatory and legislative issues that could have an impact on quality, safety and related issues, such as payment, in urology practice. The Chair also needs to engage and work with other members and outside organizations (e.g., LUGPA, SUNA, NQF, AHRQ) who have knowledge of this field.
**Members:** Members should have knowledge of healthcare quality and patient safety issues, including measure development and reporting, federal quality programs, electronic medical records, and quality improvement. Members must be willing to serve on at least one committee panel (such as a white paper workgroup) and when appropriate be nominated to national quality organizations.

**Recent Accomplishments 2019**

1. Measures evaluation panel formed to develop a strategic plan for AUA measures creation
2. Workgroup created to author a white paper on non-opioid pain management in urologic practice
3. Proceedings paper written following the Quality Improvement Summit on opioid use in urology held on December 8, 2018
4. Papers submitted to *Urology Practice* including the three-part white paper series focused on optimizing surgical outcomes in urology as well as the proceedings papers for both the 2017 and 2018 Quality Improvement Summits