

FOR AI COMMITTEES

The AI Committee Charter, in One Page

Scope. Membership. Decision rights. Quorum. What's delegated, what escalates, and the part most charters leave out: what this committee does **not** decide.

Fill-in-the-blank version on slide 10. Steal it, change it, make it yours.

THE PROBLEM

Most charters describe a meeting, not an authority.

They say who attends and how often. They rarely say what the committee may decide without asking anyone, what it may not decide at all, and what happens when it cannot reach a decision.

Which is why the same three arguments recur every month: whether this item belongs here, who has to be in the room, and whether the committee is actually allowed to say no.

THE TEST

Hand your charter to somebody who has never attended a meeting. Give them five real items from your intake queue, including the awkward one that's been sitting there. Ask them to route all five. If they can't, you have a meeting invite.

What triggers a review

- The unit of review is a **use case**, not a purchase.
The same tool deployed a second way is a second review. A renewal with no workflow change is not a review at all.
 - Vendor-embedded AI counts.
A feature that arrives inside a product you already own is the most commonly missed intake at every system I've worked with.
 - Research is out until it touches live care.
The IRB governs the study. This committee governs the deployment.
 - Anyone may submit. Nobody is gatekept.
Gatekeeping intake does not reduce the number of reviews. It produces shadow AI.
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Write the exclusions down. An unwritten exclusion gets relitigated by whoever is annoyed that month.

Seats, and what each seat is there to say no about

SEAT	WHAT THEY OWN	BINDING VOTE
Chair — CAIO, CMIO or CIO	Agenda, tie-breaks, tier assignment, escalation	Yes
Practicing clinician — rotating	Whether the workflow survives 3pm on a Tuesday	Yes
Nursing	Who actually operates the thing at the bedside	Yes
Privacy / Compliance	Data flow, consent, disclosure, retention	Yes
Information Security	Integration, access, logging, vendor posture	Yes
Legal	Contract terms, indemnity, notification obligations	Advisory
Health equity or patient representative	Who this lands on hardest, and who was not in the training data	Yes

Four outcomes. Only four.

OUTCOME	WHAT IT MEANS	WHO CAN ISSUE IT
Approve	Cleared for the stated use case, as written.	Committee at quorum
Approve with conditions	Cleared contingent on a named artifact, a named owner, and a date. Automatic re-review if the date passes.	Committee at quorum
Return	Submission incomplete. Not a denial and not a discussion. It goes back.	Chair or review staff. No meeting.
Decline	Does not advance in this form.	Committee at quorum

“Pending further discussion” is the queue wearing a decision's clothes. Keep it off the ballot.

The rule that decides whether you have a committee

- Quorum requires a practicing clinician and a privacy seat. Always.

A meeting without both may discuss. It may not decide.

- Named alternates, designated in advance, count toward quorum.

Without this, one vacation costs a month of throughput.

- Asynchronous votes count, for low-tier items only.

Written, time-boxed, and recorded in the same decision record as a live vote.

- A failed quorum auto-schedules within ten business days.

Otherwise the item silently rejoins the back of the queue and nobody is accountable for that.

Most committees have a quorum **number**. Very few have a quorum **composition** — which is the half that makes the decision defensible eighteen months later.

The committee's scarce resource is attention, not calendar

DELEGATED TO	WHAT	BOUNDARY
Review staff	Completeness screening; returning incomplete submissions	May not approve anything
Chair	Tier assignment and routing	Any seat may appeal to the full committee
Standing rule	Pre-approved patterns — an approved tool deployed identically at a second site	Identical use case only
Information Security	Technical integration review	Reports exceptions; does not decide clinical risk
Operational owner	Post-approval monitoring against the approved thresholds	Escalates on breach; may not rewrite the threshold

Every hour the committee spends on something a rule could have handled is an hour it did not spend on the thing that will actually hurt you.

Five triggers that leave the room

- A use case where a wrong output can reach a patient with no human in between
To the executive sponsor and the quality committee.
 - Anything the committee declines that a senior sponsor still wants
To the executive sponsor, in writing. This is the path people avoid building and then need.
 - A tool already live that never came through intake
To the chair, the same week, regardless of the meeting calendar.
 - A vendor model update that changes approved behavior
To review staff for a re-review decision inside 30 days.
 - A monitoring threshold breached twice in one quarter
To the committee, with suspension on the table.
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What this committee does not decide.

Charters are written to establish authority, so they enumerate powers. The clause that saves you is the one that gives decisions away **on purpose**.

Not the standard of care. The committee decides whether a tool may be deployed in a workflow. It does not decide what good medicine is, and it does not overrule a clinician at the bedside.

ALSO NOT OURS

Not price or contract terms. Not vendor selection between two already-approved options. Not whether the organization should have an AI strategy. Not the go-live date. Writing these down is what stops the committee becoming the place every unresolved decision in the building goes to die.

The fill-in-the-blank version

CLAUSe	YOUR ANSWER	A DEFENSIBLE DEFAULT
This committee reviews	_____	Every AI use case touching patients, PHI, or revenue
Quorum is	___ members, always including _____	Five, always including a practicing clinician and privacy
Incomplete submissions are returned by	_____	Review staff, without a meeting, as a standing rule
We meet	___ times a month, for ___ minutes	Twice, sixty
We do not decide	_____	Standard of care, price, vendor selection, go-live dates
Escalation goes to	_____	The named executive sponsor, in writing

Route five real items with it

Take five items off your actual intake queue — including the awkward one nobody wants to touch — and route all five using only the charter. No explaining. No using context you happen to carry in your head.

If a person who has never attended a meeting reaches the same answers you would, the charter works. Every time you catch yourself saying “**well, in practice we'd...**”, that sentence is the missing clause. Write it down and try again.

ONE PAGE MEANS ONE PAGE

A charter that runs to eleven pages is a policy, and nobody routes an item using a policy. Any clause that doesn't change how something gets routed belongs in a different document.

A charter is a routing table. Write it like one.

The committees that move fastest have decided, once and in writing, which things do not require judgment. Everything routed by rule is attention handed back to the item that genuinely needs the room.

Troy Bannister — Founder & CEO, Onboard AI

No accreditor or regulator currently requires an AI committee charter. This is craft, not compliance. Tell me which clause you'd cut.