

<b>Manual</b>	Administrative Manual, Board of Directors	<b>TERMS OF REFERENCE</b>
<b>Section</b>	<b>Committees, Terms of Reference</b>	
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## TERMS OF REFERENCE - QUALITY ASSURANCE COMMITTEE

### Role

The Quality Assurance Committee (the “Committee”) operates under the authority of the Board of Directors of the Corporation (the “Board”) and is the Quality Committee for the purpose of the *Excellent Care for All Act, 2010* (the “Act”). The Committee is responsible for:

- Assisting the Board in the performance of the Board’s governance role for the quality of patient care and services;
- Monitoring risk and relevant mitigating strategies related to quality of patient care and safety; and
- Performing the functions of the Quality Committee under the Act; and
- When requested by the Board, providing advice to the Board on the implications of budget proposals on the quality of care and services.

### Responsibilities

The Committee, in accordance with the responsibilities in the Act, shall:

#### *Quality Oversight and Quality Improvement*

Monitor and report to the Board on quality issues and on the overall quality of services provided in the Corporation, with reference to appropriate data including:

- Performance indicators used to measure quality of care and services and patient safety;
- Reports received from the Medical Advisory Committee identifying and making recommendations regarding systemic or recurring quality of care issues;
- Publicly reported patient safety indicators; and
- Critical incident and sentinel event reports;
- Regularly review and approve the quantitative and qualitative performance metrics and targets by which the quality of services delivered by the Corporation is monitored by the Committee, with onward reporting to the Board. Includes the ongoing review and refinement of reporting templates and accompanying tables and data (e.g., definitions, benchmark information etc.) to support analysis and understanding;
- Consider and make recommendations to the Board regarding quality improvement initiatives and policies;
- Ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees, members of the professionals staff and persons who

**Terms of Reference - Quality Assurance Committee**

provide services within the Corporation, and subsequently monitor the use of these materials by such persons;

- Oversee preparation of the Corporation's annual Quality Improvement Plan (QIP) ensuring that the QIP is prepared with reference to the Corporation's annual operating plan; and
- Monitor performance against QIP targets at least on a quarterly basis.

***Critical Incidents & Sentinel Events***

“Critical Incident” means any unintended event that occurs when a patient receives treatment in the Corporation:

- a) That results in death, or serious disability, injury or harm to the patient; and
  - b) Does not result primarily from the patient's underlying medical condition or known risk inherent in providing treatment.
- In accordance with Regulation 965 under the *Public Hospitals Act*, receive from the Chief Executive Officer, at least twice a year, aggregate critical incident data related to critical incidents occurring at the Corporation since the previous aggregate data was provided to the Committee;
  - Annual review and report to the Board on the Corporation's system for ensuring that there is timely disclosure (as required by Regulation 965 under the *Public Hospitals Act*) and that systemic action, if any, is taking or has taken place to avoid or reduce the risk of further similar critical incidents; and
  - Review reports of sentinel events and oversee any plans developed to address, prevent or remediate such events.

***Compliance***

- Monitor the Corporation's compliance with legal requirements and applicable policies of funding and regulatory authorities related to quality of patient care and services; and
- Review on at least an annual basis the report from the Joint Health and Safety Committee ensuring compliance in relation to the regulatory requirements that fall under its mandate.

***Accreditation***

- Oversee the Corporation's plan to prepare for accreditation; and
- Review accreditation reports and any plans that need to be implemented to improve performance and correct deficiencies.

***Other***

- Perform such other duties as may be assigned by the Board from time to time.

**Reporting Relationship**

The Quality Assurance Committee will report to the Board of Directors.

## Membership and Voting

All Committee members are voting members unless indicated below:

- At least three (3) members of the Board, appointed by the Board;
- Chair of the Board;
- Chief Executive Officer (non-voting);
- Chief Nursing Executive (non-voting);
- Chief of Staff (non-voting);
- One of the President or Vice-President of the Medical Staff Association (non-voting);
- A person who works in the hospital who is not a member of the College of Physicians and Surgeons or the College of Nurses (non-voting); and
- Such other persons as the Board may from time to time appoint, provided that at least one third of the voting members of the Quality Committee shall be voting members of the Board.

## Chair

The Chair of the Quality Committee shall be appointed by the Board from among the members of the Quality Committee who are voting members of the Board.

## Staff Support

The following will provide staff support to the Committee as required:

- Sr. Director, Professional Practice, Quality & Patient Safety
- Director, Quality & Patient Safety

## Quorum

A quorum shall be a majority of the voting members.

## Meeting Frequency

The Quality Assurance Committee will meet five (5) times per year – prescheduled or at the call of the Committee Chair.

## Privilege and Confidentiality

Quality of Care information prepared for and received by the Quality of Care Committee under the Quality of Care Information Protections Act.

Regarding information provided in confidence to, or records prepared with expectation of confidentiality by the Quality Committee for the purpose of assessing or evaluating the quality of health care and directly related to programs and services provided by the hospital: if the assessment or evaluation is for the purposes of improving the care and programs and services, this information or records are subject to an exemption from access under the *Freedom of Information and Protection of Privacy Act*.

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## References

Accreditation Standard/Criteria:

PPPPG Print Date: 10/18/2018