

CATEGORY: GOVERNANCE PROCESS	NUMBER: 2.6.2
TITLE: QUALITY COMMITTEE	ORIGINATING DATE: January 24, 2012
SOURCE: BOARD	REVISION/REVIEW DATE: November 26, 2019
SIGNATURE: <i>Original signed by D. Howard</i>	

Authority

The Quality Committee operates under the authority of the board and is the Quality Committee for the purposes of the Excellent Care for All Act, 2010 (the “Act”). The Quality Committee reports to the Board.

Purpose

The Quality Committee is responsible for:

- Assisting the board in the performance of the board’s governance role for the quality of patient care and services; and
- Performing the functions of the Quality Committee under the Act.

Duties & Responsibilities

Role Requirements of the Act

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

Quality Oversight and Quality Improvement

1. Monitor and report to the board on quality issues and on the overall quality of services provided in the hospital 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 AND CORONER REPORTS identifying and making recommendations regarding systemic or recurring quality of care issues
 - Publicly reported patient safety INDICATORS, INCLUDING THE BALANCE SCORECARD AND QUALITY IMPROVEMENT PLAN
 - Critical incident and sentinel event reports; and
 - Other reports and indicators as determined by the Committee or as required by legislation.
2. Consider and make recommendations to the board regarding quality improvement initiatives and policies;
3. Ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees, members of the professional staff and persons who provide services within the hospital, and subsequently monitor the use of these materials by such persons;
4. Oversee preparation of the hospital’s annual quality improvement plan; and
5. Perform such other responsibilities as may be provided under regulations under the Act.

Critical Incidents and Sentinel Events

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

- 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 QUARTERLY aggregate critical incident data related to critical incidents occurring at the hospital. since the previous aggregate data was provided to the Quality Committee.

Annually review and report to the board on the hospital’s system for ensuring that, at an appropriate time following disclosure of a sentinel incident, there be disclosure as required by Regulation 965 under the Public Hospitals Act of systemic steps, if any, the hospital is taking or has taken to avoid or reduce the risk of further similar sentinel incidents. The Quality Committee shall review reports of CRITICAL AND sentinel events and oversee any plans developed to address, prevent or remediate such events.

Compliance

Monitor the hospital’s compliance with legal requirements and applicable policies of funding and regulatory authorities related to quality of patient care and services.

Financial Matters

As and when requested by the board, provide advice to the board on implications of budget proposals on the quality of care and services.

Hospital Services Accountability Agreement and Hospital Annual Planning Submission

As and when requested by the board, provide advice to the board on the quality and safety implications of the hospital annual planning submission and quality indicators proposed to be included in the hospital’s service accountability agreement or in any other funding agreement.

Risk Management

Review and make recommendations with respect to:

- The hospital’s standards on emergency preparedness;
- Policies for risk management related to quality of patient care and safety; and
- Areas of unusual risk and the hospital’s plans to protect against, prepare for, and/or prevent such risks and services.

Additional Role Requirements Recommended

The following items are recommended, although not required by the Act.

Accreditation

- Oversee the hospital’s plan to prepare for accreditation.
- Review all accreditation reports and any plans that need to be implemented to improve performance and correct deficiencies.

Professional Staff Process

Annually review with the chief of staff/chair of the medical advisory committee the appointment and re-appointment processes for the professional staff, including:

- Criteria for reappointment;
- Application and re-application forms;
- Application and re-application processes; and
- Processes for periodic reviews.

Policy Implementation

Oversee implementation of policies, processes and programs to ensure quality objectives are met and maintained.

Other

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

Voting Members

- a) the Chair of the Board or delegate;
- b) the Vice President Clinical Services;
- c) the Chief Executive Officer or delegate;
- d) the Chief of Staff or delegate;
- e) the Chief Nursing Executive;
- f) at least three (3) members of the Board who shall appointed by the Executive Committee of the Board. One of these shall be the Chair;
- g) one person who works in the hospital and who is not a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario; and
- h) one member of the Patient and Family Advisory Council.

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.

Frequency of Meetings and Manner of Call

The Quality Committee shall meet at least six (6) times a year, or at the call of the Chair.

Quorum

A quorum will be considered a majority of voting members.

Reporting

The Quality Committee shall report to the board at each meeting of the board and shall annually prepare and provide to the board a report that provides an overview of the activities of the Quality Committee and of the quality of care and services provided by the hospital over the previous year.

Privilege and Confidentiality

Quality of care information prepared for and reviewed by the Quality of Care Committee under the

Quality of Care Information Protection Act.

Regarding information provided in confidence to, or records prepared with the 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.

Reference: Ontario Hospital Association "Guide to Good Governance Third Edition"