

Board Quality Committee – Annual Work Plan 2021/2022

Context:

The Board Quality Committee is broadly responsible for the monitoring of hospital processes to ensure that patient care programs and services and the various quality improvement and patient safety activities in the Hospital are in alignment with the standards of Accreditation Canada and the requirements set out in the relevant legislation and regulations for example the *Excellent Care for All Act*.

| Item | Committee Responsible | August | September | October | November | December | January | February | March | April | May | June | July | As Required |
|--|-----------------------|--|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|------|-------------|
| Quality, Risk, Performance and Patient Safety | | | | | | | | | | | | | | |
| a) Review initial draft quality improvement plan (QIP) | BQ | QIP for 21/22 on hold as per the HQO mandate | | | | | | | | | | | | |
| b) recommend approval by the Board final QIP | BQ | | | | | | | | | | | | | |
| c) review quality indicators | BQ | | X | | X | | X | | X | | X | | | |
| d) critical incidents review (quarterly) | CEO/BQ | | X | | X | | X | | X | | X | | | |
| e) annually review professional staff appointment process with CoS/Chair, MAC | BQ | | | | | | | | | | X | | | |
| f) Consider and make recommendations to the board regarding quality improvement initiatives and policies | BQ | | | | | | | | | | | | | X |
| g) Review and make recommendations on the hospital's emergency preparedness | BQ | | | | | | | | | | | | | X |
| h) Review and make recommendations on policies for risk management related to quality of patient care and safety | BQ | | | | | | | | | | | | | X |
| i) Review and make recommendations with respect to areas of unusual risk and the hospital's plans to protect against, prepare for, and/or prevent such risks and services. | BQ | | | | | | | | | | | | | X |
| j) Quarterly ERM reports | BQ | | X | | X | | X | | X | | X | | | |
| a) Review Committee Terms of Reference * No new members | Each Cte. | | | | | | | | | | | | | X |
| b) plan for accreditation | Board/All | | | | X | | | | | | | | | X |
| c) Review patient safety plan | BQ | | X | | | | | | | | | | | |

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|---|-----------------------|--------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|------|-------------|
| d) Review Balanced Scorecard | BQ, Board | | X | | X | | X | | X | | X | | | |
| Strategic Plan and Strategic Directions | | | | | | | | | | | | | | |
| a) Review progress on specific strategic directions (operational plan) (x4) | Board/All | | X | | X | | X | | X | | X | | | |
| Other | | | | | | | | | | | | | | |
| a) Board education sessions (x3) | BQ | | | | X | | X | | | | X | | | X |

| Colour Legend | |
|---|--|
| Completed by Target | |
| In progress, but not completed by target | |
| Not in progress and not completed by target | |

References:

1. OHA, Guide to Good Governance 3rd Edition, Sample Work Plan
2. Tillsonburg District Memorial Hospital/Alexandra Hospital Ingersoll, Joint Board of Directors' Annual Work Plan & Priorities 2019