HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

Policy Title:
TERMS OF REFERENCE – QUALITY COMMITTEE

Effective Date:
September 2013

Category:
Terms of Reference

Reviewed/Revised:
September 10, 2020

Committee Oversight:
Governance

Authorized by: Board of Directors

To be reviewed/revised:
September 2021

PREAMBLE

These Terms of Reference shall apply to the Quality Committee (the "**Committee**") of the Board of Directors (the "**Board**") of Hôtel-Dieu Grace Healthcare (the "**Corporation**"). The Committee is established under the authority of the *Excellent Care for All Act, 2010* (the "**Legislation.**")
The Quality Committee is designated under the new Quality of Care Information and Protection Act, 2016 (QCIPA), formerly QCIPA 2004.

COMPOSITION

1. three (3) elected members of the Board at minimum, one of whom shall be Chair; voting
2. the Chief Executive Officer; ex-officio non-voting
3. the Chair of the Medical Advisory Committee/VP Medical, ex-officio non-voting
4. the Chief Nursing Executive; ex-officio non-voting
5. one (1) person who works in the hospital and who is not a member of the Ontario College of Physicians and Surgeons of the Ontario College of Nurses non-voting
6. community member as assigned by the Board; voting
7. two (2) Patient Family Advisory Council representatives; voting
8. Such other person or persons as are appointed by the Committee (any employee appointed does is non-voting)

MEETINGS

The Quality Committee shall meet at least quarterly, or more frequently as circumstances dictate at the call of the chair.

QUORUM

Quorum for the Quality Committee will be based on the Directors only; however, community members will be eligible to vote.

ROLES AND RESPONSIBILITIES

The Quality Committee shall perform the following functions:

(i) monitor reports and provide advice related to planning, programming and policies affecting users of the Hospital services as it relates to quality and safety;

(ii) 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;

(iii) consider and make recommendations to the Board regarding quality improvement initiatives and policies;

(iv) ensure that best practices information supported by available scientific evidence is utilized by employees and persons providing services within the Hospital

(v) ensure the development of and oversee the implementation of a policy requiring the posting of Board approved quality performance metrics and targets for the public;

(vi) oversee the hospital's plan to prepare for accreditation and review accreditation reports and any plans required to be implemented to comply with Accreditation Canada's Required Organizational Practices (ROP's);

(vii) oversee the preparation of annual quality improvement plan considering the following:

a) results of patient, employee and Professional Staff surveys;
b) data relating to the patient relations process;
c) recommendations of the Medical Quality Assurance Committee arising out of the identification of systemic or recurring quality of care issues; and
d) annual performance improvement targets

(viii) ensure Performance metrics are established to align with the strategic plan and Accreditation Canada Standards;

(ix) ensure balanced score cards are developed with accountability assigned ;

(x) ensure that the organization sets internal benchmarks, and compares performance to provincial/national benchmarks where available;

(xi) ensure mechanisms/protocols are in place to deal with ethical issues and approval of research;

(xii) Receive regular reports from VP Medical Affairs/or designate regarding any critical incidents and the actions taken to mitigate the risks associated with any such incidents and appropriate disclosure has occurred

(xiii) Monitor the organizations Integrated Risk Management plan annually ensuring that the organization is taking a pro-active approach to risk identification, assessment, mitigation and monitoring.

(xiv) Ensure that processes are in place to evaluate stakeholder satisfaction including, but not limited to patient satisfaction, staff, volunteer, and Professional Staff satisfaction;

(xv) Receive and review reports and consider recommendations regarding the following:

a. Ethics Committee;
b. Medical Quality Assurance (MQA) and Operational Utilization Committee (OUC);
c. Risk Profile Summary (quarterly)
d. Physician Reappointment Process
e. Emergency Preparedness Committee
f. Quality Improvement Plan (quarterly)
g. Patient Family Advisory Council (PFAC)

Any other subcommittees that deal with quality of care issues

2. General

a) The Committee shall have the following additional general duties and responsibilities:

i. reporting to the Board on material matters arising at Committee meetings following each meeting of the Committee;

ii. maintaining minutes or other records of meetings and activities of the Committee;

iii. conducting an annual evaluation of the Committee in which the Committee (and/or its individual members) reviews the Committee's performance for the preceding year for the purpose, among other things, of assessing whether it fulfilled the purposes and responsibilities stated in this Charter;

iv. reviewing and assessing the adequacy of this Charter at least annually and submitting any proposed amendments to the Governance Committee and the Board for approval.