

Quality Committee Terms of Reference

| Role | <p>Perform the functions of the Quality Committee under Excellent Care for All Act (ECFAA), 2010.</p> <p>Assist the Board in the governance of quality of patient care and services.</p> |
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| Responsibilities | <ul style="list-style-type: none"> • 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. • 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. • Oversee preparation of the Hospital’s annual quality improvement plan. • Perform such other responsibilities as may be provided under regulations under ECFAA. • Over-see the Hospital’s plan to prepare for accreditation. • Annually review the appointment and reappointment processes for the Professional Staff with the Chief of Staff/ Chair of Medical Advisory Committee (MAC). • At least twice a year review aggregate critical incident data related to critical incidents occurring at the Hospital, as provided by the Chief Executive Officer • Review reports with respect to sentinel events and oversee any plans developed to address, prevent, or remediate such events. |

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| | <ul style="list-style-type: none"> • Annually review and report to the Board on the Hospital’s system for appropriate disclosure and plans developed to prevent, address and remediate any such events. • Review and make recommendations with respect to: <ul style="list-style-type: none"> ○ Hospital’s standards on emergency preparedness; ○ Policies for risk management related to quality of patient care and safety; ○ Areas of unusual risk and the Hospital’s plans to protect against, prepare for, and/or prevent such risks and services • As and when requested by the Board, provide advice to the Board on the quality and safety implications of the quality indicators proposed to be included in the Hospital’s Service Accountability Agreement or in any other funding agreement. • As and when requested by the Board, provide advice to the Board on implications of budget proposals on the quality of care and services. • Monitor the Hospital’s compliance with legal requirements and applicable policies of funding and regulatory authorities with respect to quality of patient care and services. |
| <p>Membership and Voting</p> | <p>At least four voting Board Directors Chief Executive Officer Chief Nursing Executive A member of the MAC An employee of the hospital who is not a member of the College of Physicians or the College of Nurses Such other person as appointed by the Board, provided that at least one-third of the voting Directors of Quality Committee are voting Directors of the Board.</p> |

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| Chair | The Committee Chair will be a voting Director of the Board, appointed by the Board Chair. The Committee Chair may NOT be the Board Chair. |
| Frequency of Meetings and Manner of Call | The committee will meet at least six times per year at the call of the Chair of the Quality Committee or as requested by the Board. |
| Quorum | 50% of the voting members. |
| Resources | The Director of Quality and Risk will be assigned to this committee, as a resource. |
| Reporting | To the Board of Directors. |
| Privilege and Confidentiality | Quality of care information prepared for and reviewed by the Quality Committee is protected under the Quality of Care Information Protection Act, 2004. Information provided to, or records prepared by, the Quality Committee for the purpose of assessing or evaluating the quality of health care and directly related programs and services provided by the hospital are subject to an exemption from access under the <i>Freedom of Information and Protection of Privacy Act</i> . |
| Date of Last Review | February 2021 |

Resource:

Ontario Hospital Association (2011). Guide to Good Governance: 2nd Edition.