

QUALITY AND PATIENT SAFETY GOVERNANCE TOOLKIT

1.0 Quality of the Board and its Practice

1.4 Quality Committee Terms of Reference

RATIONALE

With the introduction of the *Excellent Care for All Act*, hospital boards must now have a quality committee that reports to the board. The template provides sample terms of references for organizations to adapt and use for their own quality committee under the *Excellent Care for All Act*.

TERMS OF REFERENCE FOR THE QUALITY COMMITTEE UNDER THE *EXCELLENT CARE FOR ALL ACT*

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* ("ECFAA").

The Quality Committee reports to the Board.

Purpose

The Quality Committee is responsible to:

- assist the Board in the performance of the Board's governance role for the quality of patient care and services
- perform the functions of the Quality Committee under ECFAA

Duties and Responsibilities

The Quality Committee shall:

Excellent Care for All Act, 2010

In accordance with the responsibilities in ECFAA:

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 identifying and making recommendations with respect to systemic or recurring quality of care issues
 - publicly reported patient safety indicators

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- critical incident and sentinel event reports
 - [list other reports and indicators such as balanced score cards or reports from staff quality committees or patient safety officers]
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.
 5. Perform such other responsibilities as may be provided under regulations under ECFAA.

The following items are recommended, unlike the items above which are required under ECFAA:

Accreditation

- Oversee the Hospital's plan to prepare for accreditation.
- Review accreditation reports and any plans required 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:
 - o criteria for appointment
 - o application and re-application forms
 - o application and re-application processes
 - o processes for periodic reviews

Policy Implementation

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

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Critical Incidents and Sentinel Events

"Critical incidents" 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, at least twice a year, aggregate critical incident data related to critical incidents occurring at the Hospital since the previous aggregate data was provided to the Committee.
- Annually review and report to the Board on the Hospital's system for ensuring that at an appropriate time following disclosure of a critical incident, there be disclosure as required by Regulation 965 of systemic steps, if any, the Hospital is taking or has taken in order to avoid or reduce the risk of further similar critical incidents.
- The Quality Committee shall review reports with respect to 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 with respect to quality of patient care and services.

Financial Matters

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

Hospital Services Accountability Agreement and Hospital Annual Planning Submission (HAPS)

- As and when requested by the Board, provide advice to the Board on the quality and safety implications of the HAPS and quality indicators proposed to be included in the Hospital's Service Accountability Agreement or in any other funding agreement.

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Risk Management

- Review and make recommendations with respect to:
 - o Hospital's standards on emergency preparedness
 - o policies for risk management related to quality of patient care and safety
 - o areas of unusual risk and the Hospital's plans to protect against, prepare for, and/or prevent such risks and services

Other

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

Membership and Voting

Voting Members:

1. At least two voting members of the Board
2. Chief Executive Officer
3. Chief Nursing Executive
4. A member of the Medical Advisory Committee selected by the Medical Advisory Committee
5. A person who works in the Hospital who is not a member of the College of Physicians and Surgeons or the College of Nurses
6. 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.

Delegates:

Subject to the approval of the Board, the members of the Quality Committee referenced at paragraphs 2, 3, 4 and 5 may appoint a delegate to sit as a member of the Quality Committee in their stead.

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 Number of Calls

At least nine times per year at the call of Chair of the Quality Committee, or as requested by the Board.

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Quorum

A majority of the voting members.

Resources

[Indicate the staff who will provide support to the Quality Committee]

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 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 *Freedom of Information and Protection of Privacy Act*.

ISSUES TO CONSIDER

- Boards can use their current quality committee of the board as their quality committee under the *Excellent Care for All Act*, so long all legal requirements under the *Excellent Care for All Act* are met. Adapting the sample terms of reference for the quality committee will ensure legal compliance with the *Excellent Care for All Act*.
- Consistent with the exclusion from access under the *Freedom of Information and Protection of Privacy Act*, information protected under the *Quality of Care Information Protection Act (QCIPA)* is protected wherever it goes, including to the quality committee under the *Excellent Care for All Act*. There is also an exemption for other non-QCIPA quality assurance records included in Bill 173, which was given first reading on March 29, 2011. Users will need to confirm that this has been passed into law.

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- There are other, good governance practices for quality committees that are not included in the sample terms of reference but should be considered by the quality committee. Please refer to **1.5 – Recommendations for an Effective Quality Committee.**

SOURCE

Ontario Hospital Association (2011). Guide to Good Governance: 2nd Edition. (Available in spring, 2011)