



GRAND RIVER  
HOSPITAL

**BOARD MANUAL**

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Approved By:	Board	Number:	3-C-10
Date Issued:	August 28, 2007	Page:	1 of 4
Last Review Date:	June 26, 2018	Last Revision Date:	November 28, 2017

**SUBJECT: Terms of Reference – Quality and Patient Safety Committee**

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**Role**

To ensure that quality of care is an integral component of the governance and management processes of the hospital and that clinical programs and services are relevant to the needs of the community served.

The Quality and Patient Safety Committee is designated as the quality committee of the board of directors. The committee conveys its findings and recommendations to the board of directors for consideration and, where required, decision by the Board.

**Membership**

- A minimum of three voting directors, to ensure that one third of the members of the Quality and Patient Safety Committee are voting members of the hospital's board (voting)
- Community members, to a maximum of two (voting)
- One hospital employee who is not a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario (voting)
- CEO (ex-officio member\*, non-voting)
- Chief of Staff (ex-officio member\*, non-voting)
- Chief Nursing Executive (ex-officio member\*, non-voting)
- Board Chair (ex-officio, voting)

Resource (non-member): annually appointed at the discretion of the CEO

**Responsibilities****1. Strategic Matters**

- a. Annually review and recommend the two-year quality and patient safety plan and one-year quality improvement plan reported to Health Quality Ontario.

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\* This position's membership on the Quality Committee is stipulated in the Excellent Care for All Act

- b. Review and recommend approval of the annual clinical plan forming the basis of the Hospital operating plan/Hospital Annual Planning Submission (HAPS).
- c. Monitor policies and directions related to clinical programs, services and research as it pertains to the Hospital's strategic directions.
- d. Review and recommend any proposed major changes to clinical programs, services or as indicated by the Hospital's performance, Local Health Integration Network (LHIN) strategies, legislative changes or trends in acute health care.

## **2. Governance Processes**

- a. Develop and recommend an annual Quality and Patient Safety Committee work plan.
- b. Ensure that processes are in place to facilitate enforcement of quality standards promulgated by legislative and Board approved recognized external bodies including Accreditation Canada.
- c. Ensure that policies and systematic processes are in place and working to assess and improve the quality of care, programs and services provided to patients.
- d. Make recommendations to the board in the formulation of policy, in decision-making and in oversight activities that ensures high levels of quality.
- e. Consider and make recommendations to the board, on the quality implications of budget proposals in the development of the operating plan.
- f. Undertake an annual assessment of board policies and decisions regarding quality.
- g. At least annually, review the quality management framework, structure and its relevant program areas ensuring that actions are being taken to correctly identify problems and improve quality of care.
- h. Annually, review the committee's terms of reference and make recommendations to the Governance and Community Engagement Committee.
- i. Annually review the committee's performance evaluation and implement appropriate action for improvement.

## **3. Quality Monitoring**

- a. Establish and maintain a process for regular monitoring of the quality of hospital clinical programs and services. Monitor the quality of clinical programs and services as it pertains to access to care, appropriateness of care, patient experience with care and safety of care.
- b. At least quarterly, review, monitor and evaluate the quality processes and performance indicators established by management for the performance of the hospital.
- c. Semi-annually, receive and review an aggregated critical incident report.

- d. Semi-annually, receive and review a report from Patient Relations.
- e. Receive and review monthly progress reports on the quality plan ensuring that actions are being taken to correctly identify problems and improve quality of care.
- f. At least quarterly, review quality reports (including the Waterloo Wellington LHIN dashboard) and ensure their compliance with internal and external standard setting bodies; and ensure that actions are being taken to address any identified issues. Report concerns and the action planned to the board.
- g. Receive recommendations from the Chief of Staff, on behalf of the Medical Advisory Committee, regarding systemic or recurring quality of care issues as they relate to critical incidents.
- h. Take into consideration the Medical Advisory Committee's recommendations related to critical incidents when reporting to the board.

#### **4. Risk Management**

- a. Oversee, receive reports on, make recommendations to the Audit Committee concerning the corporation's risk identification and risk management processes for business risks, and assess the adequacy of management's plans to address identified risks.
- b. No less than semi-annually, receive a report from management on the status of the risk mitigation plans identified through the Enterprise Risk Management Assessment (ERMA) plan regarding business (clinical) risks as identified within the enterprise risk management framework.

#### **5. Board Education**

- a. Provide orientation and continuing education for the effective functioning of the committee and its members.
- b. Recommend quality related education for board members.

#### **Procedures**

- 1. The board will appoint members to serve on the committee for a one-year term. The board may reappoint any members of the committee for additional one-year terms.
- 2. The board will appoint the Chair from among the voting director members of the committee.
- 3. A majority of voting members will constitute a quorum.
- 4. Committee Chair is a voting member and shall be included in the determination of a quorum, but shall only vote to break a tie, or when a vote is by written ballot.
- 5. The Board Chair is an ex-officio, voting member of all board committees and shall be included in the determination of a quorum.

6. Committee meetings are not public meetings.
7. A director may attend any committee meeting but only committee members may vote. The Committee Chair may invite staff and other persons to attend committee meetings.
8. Refer to relevant board policies, including the following, for further guidance on procedures:
  - 3-A-10: Corporate By-law No. 2016-1
  - Section 3-B
  - 4-B-4 Rules of Procedure at Board Meetings

### **Reporting and Accountability to the Board**

Following each committee meeting, the committee will report to the board on the activities, findings and any recommendations for the board. This will be accomplished by:

- The distribution of the minutes of all committee meetings to the board as part of the Board meeting package;
- A written or verbal report at the next scheduled board meeting; and
- A motion and supporting documents as applicable for each matter requiring a decision by the board.

### **References**

Policy 6-1 Board Quality Policy

Policy 8-2 Enterprise Risk Management