GRAND RIVER HOSPITAL **BOARD MANUAL** Approved By: 3-C-10 Board Number: Date Issued: August 28, 2007 Page: 1 of 4 Last Review Date: Last Revision Date: February 25, 2020 February 25, 2020 SUBJECT: Terms of Reference – Quality and Patient Safety Committee

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 elected directors
- Community members, to a maximum of three including any patient and family representatives (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 quality improvement plan that will inform the continuous improvement areas of focus for the organizations and be reported to Health Quality Ontario.
- b. Review and recommend approval of the annual clinical plan forming the basis of the Integrated Plan/Hospital Annual Planning Submission (HAPS).

- c. Monitor policies and directions related to clinical programs, services and research and innovation as it pertains to the Hospital's strategic directions.
- d. Provide strategic governance direction and consideration to inform the development of future clinical services and programs
- d. Review and recommend any proposed major changes to clinical programs, services or as indicated by the Hospital's performance, Ontario Health strategies, legislative changes or trends in health care.
- e. Monitor the impacts of the master planning process on quality and patient safety and make recommendations to the Board

2. Governance Processes

- a. Develop recommend and execute an annual Quality and Patient Safety Committee work plan.
- b. Ensure that processes are in place to facilitate adoption and compliance 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 decisionmaking 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. .Review board policies related to quality as required, and at a minimum, once every three years.
- g. Review the quality management framework, structure and its relevant program areas as required 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. In partnership with the Governance and Community Engagement Committee, annually complete a performance evaluation process for the committee 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, which will ensure that actions are being taken to address any identified issues.
- b. Monitor the quality of clinical programs and services in alignment with the hospital's quality framework (e.g. access to care, appropriateness of care, patient experience with care and safety of care), legislative requirements and

standards setting bodies. Report concerns and the actions planned to the Board as required

- 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 progress reports scheduled to take place quarterly on the quality improvement plan ensuring that actions are being taken to correctly identify problems and improve quality of care.
- f. Receive updates on the distribution and use of best practices information
- 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.
- i. Receive Chief Nursing Executive (CNE)reports that highlight key clinical program/service issues relating to quality and patient safety

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. A majority of voting members will constitute a quorum.
- 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.

- 4. The Board Chair, or a Vice Chair delegate, is an ex-officio, voting member of all board committees and when present shall be included in the determination of a quorum. The Board Chair may from time to time identify one of the Vice Chairs as his/her delegate for the Committee.
- 5. Meeting frequency

The Quality and Patient Safety Committee will meet no less than 7 times per year. Additional meetings may be arranged at the call of the Chair as necessary.

- 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.

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:

- A written or verbal report at the next scheduled board meeting;
- A motion and supporting documents as applicable for each matter requiring a decision by the Board; and
- Meeting package and approved minutes being available to all Directors on the board portal.

References

- 3-A-10: Corporate By-law No. 2016-1
- Section 3-B
- 4-B-4 Rules of Procedure at Board Meetings
- 4-C-13, Board Recruitment and Succession Planning
- 6-1 Board Quality Policy
- 8-2 Enterprise Risk Management