

## Quality Committee Terms of Reference

### Preamble

The Quality Committee is established by the Board of Directors as the quality committee of the Board as required in subsection 3(1) of the *Excellent Care for All Act, 2010*. This committee oversees the hospital's quality, family and patient-centred care and patient safety related priorities in alignment with legislative requirements, Accreditation Canada and the strategic, health system and master plans related to Grand River Hospital.

The Quality Committee will continue to build on Grand River Hospital's (GRH) priority to provide respectful, compassionate, culturally appropriate exceptional care that supports partnerships between patients, families and GRH.

### Reporting Relationship

The Committee reports to Board of Directors.

### Chair

Appointed by the Board of Directors from among the voting Directors

### Voting Membership

- A minimum of five and a maximum of seven voting Directors including the Committee Chair
- A maximum of four five Non-Director Community Members including patient and family representatives, each of whom will be appointed annually on a one-year term to a maximum of four years
- One hospital employee who is not a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario
- Board Chair or one of the Vice Chairs as delegated by the Board Chair

### Ex-Officio Non-Voting Membership

- President and CEO
- Chief of Staff
- Chief Nursing Executive

### Resource (non-members)

- Annually appointed as required

## **Responsibilities and Accountabilities**

The responsibilities of the Quality Committee pertain to the governance oversight of the following areas:

### 1. Key Legislation

Legislation that may pertain to the area(s) of this committee's responsibilities includes, but is not limited to, the following:

- 1.1. Public Hospitals Act, R.S.O. 1990, c. P.40
- 1.2. R.R.O. 1990, Reg. 965: Hospital Management
- 1.3. Excellent Care for All Act, 2010, S.O. 2010
- 1.4. Local Health System Integration Act, 2006 S.O. 2006, c. 4
- 1.5. Quality of Care Information Protection Act, 2016 ( QCIPA )
- 1.6. The People's Health Care Act, 2019, S.O. 2019, c. 5

### 2. Strategic Matters

- 2.1. Provide strategic governance direction and consideration to inform research, innovation and development of future clinical services and programs
- 2.2. Monitor the impacts of the strategic, health system and master planning processes on quality and patient safety and ensure that appropriate measures are taken to address any identified opportunities or issues

### 3. Governance

- 3.1. Apply sound governance practices and tools to achieve effective governance
- 3.2. Monitor the Committee's own effectiveness through a regular evaluation process

### 4. Quality Monitoring

- 4.1. Demonstrate accountability for the required organizational practice for the governing body for the quality of care provided by GRH
- 4.2. Incorporate the voice and opinion family and patients into work of committee
- 4.3. Review regular environmental scans to identify changes, challenges, risks or improvements to the quality and safety of care provided by GRH
- 4.4. Demonstrate that patient safety is a priority of the organization
- 4.5. Monitor the implementation and use of best practices information supported by available scientific evidence in the delivery of GRH programs and services
- 4.6. Establish and maintain a process for regular monitoring of organizational efforts across clinical programs and services to continuously improve performance from a quality and patient safety perspective

- 4.7. 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

5. Risk Management

- 5.1. Oversee the management of this Committee's assigned risk group in accordance to the risk management framework in the Integrated Risk Management Policy

**Quorum**

A majority of the voting members will constitute quorum.

Voting

Each voting member including the Committee Chair and Board Chair shall have one vote

**Meeting Frequency**

The Quality Committee will meet at least 6 times per year. Additional meetings may be arranged at the call of the Chair as necessary.

**Meeting Procedures**

Refer to Sub-section 4.2 – 4.9 of Corporate By-law, 2022