



## **QUALITY COMMITTEE**

### **TERMS OF REFERENCE**

#### **1.0 PURPOSE**

To assist the Board in monitoring, evaluating, and ensuring that care at St. Mary's is of high quality meaning that it is safe, timely, effective, efficient, patient centred and equitable. Ensure care that it is provided is guided by our Mission, Vision, and Values.

#### **2.0 OBJECTIVES**

- 2.1 To provide oversight and make sure there are processes to ensure that the hospital meets or exceeds its legislative mandates related to quality, including the Excellent Care for All Act and Accreditation Canada standards.
- 2.2 To review and make recommendation for approval policies and processes to enhance patient safety and minimize risk in the provision of client/patient care and service.
- 2.3 To develop and oversee a Quality Improvement Plan and Patient Safety report which includes relevant performance indicators, and report to the Board on progress in achieving organizational goals as reflected in the Quality Improvement Plan.
- 2.4 To ensure processes are in place to receive and provide feedback from reports and patient stories/experiences related to outcomes of patient care, patient satisfaction, and patient safety, and risk management.
- 2.5 To ensure regular assessment of the processes in place to support a patient safety culture, patient centred care, and quality of work life to enhance the environment of our patients, families, staff, physicians and volunteers and to forward this assessment to the Board for its review.
- 2.6 To monitor established goals and targets to ensure across the 6 domains of quality including safety, established professional norms and to make recommendations to the Board on all matters related to the quality of care, patient safety, customer service and organizational culture of quality/safety. Given the strategic focus on equity and inclusion, seek to understand differences in care that may exist for populations typically at risk for inequities.
- 2.7 To provide oversight and make sure there are processes to ensure that best practices information supported by available scientific evidence and/or endorsed by professional organizations are distributed to health care providers and used in patient care.

## **Education**

- 2.8 To gain sufficient understanding about current concepts and thinking with regards to patient safety and quality of care.
- 2.9 To gain an understanding of trends and possible future direction with regards to patient safety and quality of care and the effect they could have on the hospital's current and future Quality Plans and to provide information on relevant education opportunities to the Board of Trustees.

## **3.0 MEMBERSHIP**

As per the *Excellent Care for All Act, 2010*, (ECFAA) (3)1, the Quality Committee shall consist of voting members of the Board comprising at least one-third of its members. The Quality Committee shall consist of at least:

- 3.1 Three to six (3-6) members of the Board of Trustees:
  - 3.1.1 one of whom shall be Chair of the Committee (voting) [ECFAA, (4)], and
  - 3.1.2 one of whom shall be the Chair of the Board (voting)
- 3.2 One (1) member of the Medical Advisory Committee/Chief of Staff (voting) [ECFAA, (3)2]
- 3.3 Vice President, Patient Services and Chief Nursing Executive (voting) [ECFAA, (3)3]
- 3.4 One (1) staff person who belongs to a professional regulated college other than the College of Physicians and Surgeons or the College of Nurses (voting) [ECFAA, (3)4]
- 3.5 President (voting) [ECFAA, (3)5]
- 3.6 Vice President, Medical Programs & Quality (voting) [ECFAA, (3)6]
- 3.7 Up to two (2) members of the Community at large (voting) [ECFAA, (3)6]
- 3.8 One (1) member of the Volunteer Association (voting) [ECFAA, (3)6]
- 3.9 Chair, Patient & Family Advisory Council (voting) [ECFAA, (3)6]
- 3.10 One (1) member of the St. Mary's General Hospital Foundation (non-voting) [ECFAA, (3)6]
- 3.11 Resource persons may attend this committee as required (non-voting).

## **4.0 PROCEDURE FOR APPOINTMENT**

- 4.1 The Chair shall be appointed, for a two-year term, by the Board of Trustees, upon the recommendation of the Mission and Governance Committee of the Board.
- 4.2 Other Board members shall be appointed, for a two-year term with the option of reappointment if required, by the Board of Trustees, upon the recommendation of the Mission and Governance Committee of the Board.
- 4.3 Community members shall be appointed, for a two-year term with the option of reappointment if required, by the Board of Trustees, upon the

recommendation of the Mission and Governance Committee of the Board.

- 4.4 Medical Staff appointments shall be made, for a two-year term, upon the recommendation of the President in consultation with the Chief of Staff with the approval of the Board of Trustees.
- 4.5 The President shall serve ex-officio.
- 4.6 The Foundation representative be appointed for a two-year term upon recommendation of the Mission and Governance Committee of the Board.
- 4.7 The staff person be appointed for a two-year term upon recommendation of the Mission and Governance Committee of the Board.

It is desirable the membership be staggered so that continuity of function is facilitated.

## **5.0 MEETINGS**

The Quality Committee shall meet a minimum of 5 times per year during the months of September through June, or at the call of the Chair. The frequency of meetings shall be reviewed annually.

## **6.0 RESPONSIBILITIES OF THE CHAIR**

- 6.1 Establish the Agenda of the meeting in advance, with the assistance of the resource person.
- 6.2 Ensure that a notice of the meeting is sent out to members at least one week in advance.
- 6.3 Forward reports and recommendations from the Committee to the Board of Trustees at their next regular meeting.
- 6.4 Ensure that the committee establishes a plan to carry out the committee's stated functions.
- 6.5 Ensure that the committee members are provided with the right information and education to carry out their functions.
- 6.6 Acts as liaison with other Board committees.
- 6.7 Ensure that a quorum of 50% of the voting members are present at each meeting for the purpose of voting.
- 6.8 Ensure that in his/her absence, a board member is appointed to chair the meeting.

## **7.0 RESPONSIBILITIES OF THE RESOURCE PERSON**

- 7.1 The President, or designate, will act as principal resource to the committee and shall:
  - 7.1.1 Assist the Chair in establishing the agenda.
  - 7.1.2 Ensure that the agenda and minutes of meeting are distributed.

- 7.1.3 Ensure that minutes of the meeting are recorded.
- 7.1.4 Provide information for ongoing monitoring of determined outcomes.
- 7.1.5 Present key issues to the committee for decision and/or recommendation.
- 7.1.6 Act as liaison for Senior Management.
- 7.1.7 Assist the Chair in compiling reports, including monthly reports and special reports.
- 7.1.8 Ensure that the official copy of the minutes is kept in the office of the President.

## **8.0 RESPONSIBILITIES OF COMMITTEE MEMBERS**

- 8.1 All Quality Committee members will adhere to the Code of Conduct for Members of the Board of Trustees and Members of Board Committees as outlined in policy number 010-012 and described in the Board Orientation Manual.

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Mission, Ethics and Quality Committee

Approved: November 1993

Revised: September 1995

Customer Relations Committee

Approved: November 2, 1993

Revised: December 7, 1993; May 24, 1994

Mission, Ethics, Quality and Customer Relations Committee

Approved: October 1997

Revised: September 1998; December 1999; September 2000; November 2000

Mission, Ethics, Quality and Communications Committee

Approved: November 2001

Revised: September 2004; September 2005, September 2008, December 2008, October 2009

Reviewed: September 2007

Quality Committee

Approved: October 2010, January 2019

Revised: September 2011; November 2012; September 2014; March 2015; September 2015; September 2017; September 2019

Mission & Governance Committee: Approved March 2022

Board of Trustees: Approved March 2022

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