

Kemptville District Hospital BOARD OF DIRECTORS POLICY	
Subject: QUALITY AND SAFETY COMMITTEE – TERMS OF REFERENCE	Policy No.: 19
Policy Objective: To provide Terms of Reference to govern the Quality and Safety Committee of the Board.	Date Approved: November 2015
	Review/Revision Dates: Sept. 2016 Nov. 2017 Feb. 2019 Jan. 2024

Mandate	In reporting to the board, the Committee shall develop and oversee mechanisms to ensure: <ul style="list-style-type: none"> • That there are: <ul style="list-style-type: none"> ○ Clearly defined and coordinated quality improvement and safety management systems in place, ○ Systems which will continually monitor, evaluate and improve the quality and safety of care and services for KDH patients, ○ Avenues for patient/family compliments and complaints, ○ Safe environments for staff, physicians, volunteers, visitors and guests • Oversight of the accreditation process.
Definitions	<p>Safety: “the pursuit of the reduction and mitigation of unsafe acts within the healthcare system, as well as the use of best practices shown to lead to optimal patient outcomes.” <i>Canadian Patient Safety institute (CPSI)</i></p> <p>Quality: “safe, effective, patient-centred, timely, efficient, and equitable.” <i>Institute of Medicine (IOM)</i></p> <p>Patient and Family Centred Care: “Patient- and family-centred care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings.” <i>Institute for Patient- and Family-Centred Care</i></p>
Duties and Responsibilities	<ol style="list-style-type: none"> 1. Promote a culture of patient safety and quality care that aligns with the strategic objectives of the hospital. 2. Monitor and report to the board on quality and safety issues along with the overall quality of services provided by KDH, that includes patient and family experiences, with reference to appropriate data, including: <ul style="list-style-type: none"> • Performance indicators used to measure quality of care. • Performance indicators used to measure patient safety. • Performance indicators used to measure patient/family compliments and complaints.

- Reports received from the MAC and Senior Management Team to identify and make recommendations with respect to systemic or recurring quality of care and patient safety issues.
 - Quality Improvement Plan.
 - Publicly reported patient safety indicators.
 - Critical incidents and adverse effects.
 - Reports from Senior Management Team identifying initiatives to improve patient/family experiences.
3. Review and monitor the effectiveness of quality and safety process and indicators established by management to ensure the delivery of improved patient outcomes and reduced occurrences of harm related to programs and services provided at KDH.
 4. Oversight of the accreditation process
 - Ensure that KDH is well prepared for accreditations surveys.
 - Assume primary responsibility in overseeing the follow-up to Accreditation Canada recommendations. Where appropriate, there is a provision to work with the Governance Committee on items or recommendations associated with Governance.
 5. Consider and make recommendations to the board regarding quality improvement initiatives and policies using best practice information which is supported by appropriate professional practice organizations.
 6. Ensure that evidenced-informed information sharing and discussion is disseminated within KDH, especially identifying lead practices and opportunities for improvement including processes to communicate quality improvement and risk management results to patients and families as well as both internal and external stakeholders.
 7. Oversee and monitor the hospitals initiatives towards building and maintaining a culture of patient and family centered care.
 8. Oversee the preparation of the hospitals annual Quality Improvement Plan and make recommendation for approval to the Board.
 9. Oversee and monitor the Patient Safety Plan.
 10. Carry out any other responsibilities provided for in the regulations under the Excellent Care for All.
 11. Develop a yearly committee work plan.

Membership	<p>The committee is composed of the following voting members:</p> <ul style="list-style-type: none">• At least 3 elected members of the Board• Chair of the Board (ex-officio)• Vice President, Nursing/Clinical Services and Chief Nursing Executive(ex-officio)• CEO (ex-officio)• 1 member of the Medical Advisory Committee recommended by MAC• 1 member who works in the hospital who is not a physician or registered nurse• Co-Chair or delegate of Patient and Family Advisory Committee member <p><u>Guests</u> Guests may attend Committee meetings at the invitation/approval of the Chairperson.</p>
Term	Members shall be appointed annually by the Board.
Chair	The Chair of the Committee is designated by the Board. The Chair will serve a term of one year, renewable for two additional one-year terms at the discretion of the Board.
Frequency of Meetings	The Committee will meet at least six times per year, and shall report to the next Board meeting following the Committee meeting.
Quorum	A majority of voting members shall constitute a quorum.
Resources	The Vice President Nursing/Clinical Services and Chief Nursing Executive is the secretary of the Committee. Other resource persons may be added as needed.
Accountability	The Quality and Safety Committee is accountable to the Board.