

| Kemptville District Hospital BOARD OF DIRECTORS POLICY | |
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| 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 June 2025 |

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| 1) Definitions | <p>A) 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>B) Quality: “safe, effective, patient-centred, timely, efficient, and equitable.” <i>Institute of Medicine (IOM)</i></p> <p>C) 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> |
| 2) Mandate & Responsibilities | <p>A) The Board’s mandate is to:</p> <ul style="list-style-type: none"> i. Oversee the effectiveness and quality of programs and services delivered at the hospital¹; ii. Ensure there is a focus on quality results and sufficient attention to quality and patient care throughout the hospital²; and, iii. Focus on creating the conditions that³ promote quality care, patient safety, and patient-centred approaches that align with the strategic objectives of the hospital. iv. Ascertain that methods are established for the regular evaluation and improvement of the quality and safety of care and services for KDH patients, and that all Hospital services are regularly evaluated in relation to generally accepted standards, and ensure that there is a process for accountability of those services. <p>B) To assist the Board in meeting this mandate the Quality and Safety Committee shall oversee and report to the Board on quality and safety issues and on the overall quality of services provided in the</p> |

¹ (Corbett, Mackay, & Hawkins)
² (Corbett, Mackay, & Hawkins)
³ (Corbett, Mackay, & Hawkins)

hospital, including patient and family experiences, with reference to appropriate data. To achieve this the committee shall ensure the use of clearly defined and coordinated quality improvement and safety management systems by the hospital. Specifically, the Committee shall:

i. Oversee Patient Outcomes

ii. Oversee Patient Safety, including.

1. Oversee and monitor the Patient Safety Plan.
2. Oversee and monitor a health surveillance program.
3. Critical incidents and adverse effects.
4. Degree to which services meet accepted standards and best practices used by staff.⁴

iii. Oversee Patient & Family Experience, including:

1. Relevant reports resulting from methods used to gather patient experience including;
 - a. Patient satisfaction surveys;
 - b. Employee satisfaction surveys and views of care;
 - c. Patient stories and case studies;
 - d. Patient and client-centred care practices;
 - e. Patient and family advisory committee;
 - f. Patient advisors; and,
 - g. Reporting of patient compliments and complaints.⁵
2. Ensure there are mechanisms in-place to receive patient / family compliments and complaints, and that patient and families are aware of how to access those mechanisms.

iv. Oversee the hospital Quality Improvement Plan, including:

1. Oversee the preparation of the hospitals annual Quality Improvement Plan and make recommendation for approval to the Board.
2. Monitor, associated performance indicators.

v. Oversee performance measurement systems to review program effectiveness, including:

1. 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.
2. Indicators shall include those related to:

⁴ (Corbett, Mackay, & Hawkins)

⁵ (Corbett, Mackay, & Hawkins)

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| | <ul style="list-style-type: none">a. Patient Outcomes⁶b. Patient Safety including publicly reported patient safety indicatorsc. Safety for staff, physicians, volunteers, visitors, and guests.d. Patient flow and access⁷e. Patient and Family Experience <p>3. Each year the Committee will determine the priority indicators to be monitored on a quarterly basis using the organization's balanced scorecard. Indicators other than those on the balanced scorecard, which warrant the attention of the Quality and Safety Committee, will be brought forward for review and discussion.</p> <p>vi. Oversee quality risk-management:</p> <ul style="list-style-type: none">1. Ensure that risks to quality care and hospital safety are identified, assessed, and mitigation efforts are developed and implemented.⁸2. Ensure that the services which are provided by the Hospital have properly qualified staff and appropriate facilities; <p>vii. Supporting the increased understanding of quality improvement efforts⁹, including:</p> <ul style="list-style-type: none">1. Receiving reports from Senior Management Team identifying initiatives to improve patient/family experiences.2. Considering and making recommendations to the board regarding quality improvement initiatives and policies using best practice information which is supported by appropriate professional practice organizations.3. Receiving education or information on aspects of clinical services and operations.¹⁰ <p>viii. Oversee and monitor the hospitals initiatives towards building and maintaining a culture of patient and family centered care, including:</p> <ul style="list-style-type: none">1. Ensure the best practice information supported by available evidence is translated to materials that are distributed to employees and persons providing services within the health care organization, and to subsequently monitor the use of these materials by these people.” |
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⁶ (Corbett, Mackay, & Hawkins)

⁷ (Corbett, Mackay, & Hawkins)

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| | <p>ix. Oversee Accreditation efforts.</p> <ol style="list-style-type: none"> 1. Ensure that KDH is well prepared for accreditations surveys. 2. 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. <p>x. Receive reports from the Medical Advisory Committee and Senior Management Team to identify and make recommendations with respect to systemic or recurring issues with any of the aforementioned items.</p> <p>xi. Develop a yearly committee work plan.</p> <p>xii. Carry out any other responsibilities provided for in the regulations under the Excellent Care for All.</p> |
| <p>3) Membership</p> | <p>A) The committee is composed of the following voting members:</p> <ol style="list-style-type: none"> i. At least 3 elected members of the Board ii. Chair of the Board (ex-officio) iii. Vice President, Nursing/Clinical Services and Chief Nursing Executive (ex-officio) iv. CEO (ex-officio) v. 1 member of the Medical Advisory Committee (MAC) recommended by MAC vi. 1 member who works in the hospital who is not a physician or registered nurse vii. Co-Chair or delegate of Patient and Family Advisory Committee member <p>B) Guests may attend Committee meetings at the invitation/approval of the Chairperson.</p> |
| <p>4) Term</p> | <p>A) Members shall be appointed annually by the Board.</p> |
| <p>5) Chair</p> | <p>A) 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.</p> |
| <p>6) Frequency of Meetings</p> | <p>A) The Committee will meet at least six times per year, and shall report to the next Board meeting following the Committee meeting.</p> |
| <p>7) Quorum</p> | <p>A) A majority of voting members shall constitute a quorum.</p> |
| <p>8) Resources</p> | <p>A) The Vice President Nursing/Clinical Services and Chief Nursing Executive is the secretary of the Committee. Other resource persons may be added as needed.</p> |

9) Accountability

A) The Quality and Safety Committee is accountable to the Board.

Works Cited

Corbett, A., Mackay, J. M., & Hawkins, P. J. (n.d.). *Guide to Good Governance, 3rd Edition*. Governance Centre of Excellence.