



APPROVED

Manual	GOVERNANCE POLICY		POLICY
Section 5.0	Ensuring Board Effectiveness- Governance Policy Framework		
Title	BOARD STANDING AND AD HOC COMMITTEES – QUALITY COMMITTEE TERMS OF REFERENCE		
Issuing Body/ Prepared By	Governance and Nominating Committee		
Approved by	Board of Directors		Number: GOV 5.40
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	April 2011		
Controlled document. Any documents appearing in paper form must be used for reference purposes only. The on-line copy on the file server above must be considered the current documentation.			

Role:

To monitor the delivery of health care and services at Bluewater Health and to ensure that quality improvement is an integral component of the hospital's governance and management processes.

Responsibilities:

- a) monitor and report to the Board on quality issues and on the overall quality of services provided at Bluewater Health, making use of appropriate data, including the critical incident data and the Medical Advisory Committee's recommendations related to systemic or recurring quality of care issues at the hospital (PHA Regulation 965 requirements).
- b) recommend to the Board the long-term objectives for quality at Bluewater Health and annual quality goals and specific quality indicators to be monitored by the Board and the Committee
- c) provide oversight for the preparation of the annual Quality Improvement Plan (QIP) for recommendation to the Board.
- d) review and monitor the quality and patient safety processes and indicators established by management related to programs and services provided by Bluewater Health
- e) consider and make recommendations to the Board regarding quality improvement initiatives and policies

- f) ensure that a process is in place for sharing best practices information with hospital and Professional staff and for monitoring its use within Bluewater Health
- g) consider the quality implications of budget proposals and make appropriate recommendations to the Board
- h) receive periodic reports from the hospital's Quality Performance Council
- i) review quality reports and monitor their compliance with the requirements of internal and external standard-setting bodies, such as Accreditation Canada, the Ontario Health Quality Council and the Canadian Patient Safety Institute
- j) monitor hospital-wide policies, processes and programs to prepare and protect Bluewater Health from foreseeable and significant risks related to the quality and safety of service delivery
- k) review and report periodically to the Board on the outcomes of stakeholder satisfaction surveys and issues to be addressed
- l) review, evaluate and make recommendations to the Board on litigation matters, based on appropriate input from management
- m) monitor the preparation processes for Bluewater Health's accreditation survey by Accreditation Canada and monitor implementation of relevant recommendations arising from the survey
- n) monitor hospital-wide policies, processes and programs for research, research ethics and clinical ethics and make recommendations to the Board, as appropriate
- o) recommend to the Board recognition for quality improvement work and new quality initiatives
- p) monitor compliance with MOHLTC regulation or policy changes and make recommendations to the Board as required
- q) develop an annual work plan of goals and objectives that fulfills the responsibilities of the Committee, for approval by the Board
- r) perform such other tasks as outlined in the by-laws or requested by the Board

Administrative Lead:

Vice President Medical Affairs and Chief, Quality, Patient Safety and Risk Management

Committee Composition:

Minimum of five (5) Elected Directors

Up to Three (3) Non-Director Committee Members

President/CEO

Chief of Professional Staff

Vice President Medical Affairs & Chief, Quality, Patient Safety and Risk Management

Chief Nursing Executive & Chief, Interprofessional Practice and Organizational Development

One (1) employee of the Hospital other than a physician or a nurse

One (1) additional member of the Professional Staff

All committee members have voting privileges. Directors are appointed to committees annually, in accordance with Governance Policy 4.70 - Board Nominations. Non-Director

Committee Members are selected through the Board nominations process and serve one year terms, renewable up to total of five years. The CEO, CNO, VPMA and CoPS are ex officio members and, as such, their terms are for the period of time they hold these positions. Hospital employee and Professional Staff positions are selected through processes established by the CEO and the CoPS respectively and appointed for one year terms with possibility of renewal.

Quorum:

As set out in s. 8.04(a) of the By-laws.

Meetings:

Monthly (excluding July & August).

Communication:

Minutes will be maintained. Reports will be circulated to the committee and to the Board.

Evaluation:

The Quality Committee shall evaluate its effectiveness in meeting its work plan objectives and designated responsibilities as set forth by the Board.

Monitoring:

Method and frequency:

1. Review of the policy (every three years)
2. Review of Quality Program and its outcomes (quarterly)