Board of Directors Policy Manual	Subject: **QUALITY COMMITTEE TERMS OF REFERENCE** Policy # 4-060 Approved by: Board of Directors Issue Date: Oct 6 2010
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POLICY

The Quality Committee ("the Committee") of the Hospital is established by and operates under the authority of the Hospital's Board of Directors ("the Board"). It is the quality committee for the purposes of the *Excellent Care for All Act, 2010,* and performs the functions of the quality committee under that Act.

The Committee reports and is responsible to the Board to oversee and advocate for excellence in the quality and safety of patient care and to ensure, on behalf of the Board, that effective processes are in place to monitor and review quality, safety, and quality risk management activities.

PURPOSE

These terms of reference identify the Committee's role, responsibilities, membership and procedures.

PROCEDURE

Specific Responsibilities

1. Quality and Safety
   a. Advise the Board on matters pertaining to the quality and safety of patient/client care;
   b. Recommend to the Board the Quality Improvement Plan,
   c. Ensure annual goals for quality and safety along with patient/client experience are developed.
      i. Establish annual quality goals and specific quality indicators to be monitored by the Board;
      ii Review recommendations from management to address variances from performance standards and targets in quality of patient care, patient safety within the Hospital
   d. Review public performance monitoring reports;
2. Patient Experience
   a. Receive and review patient/client experience measures and comments including:
      i. Reports from the Patient and Family Advisory Council ("PFAC")
      ii. Summary of patient experience surveys
      iii. Complaints and Compliments Summary
   b. Make recommendations as to how to "hear" the voice of the patient at the board
3. Ensure that processes are in place to identify and control quality, safety, risk and review relevant reports; including:

    a. Near Miss Reports.
    b. Injury and Lost Time Incident Report
    c. Exposure Incident Report.
    d. Sentinel Event Report

4. Make recommendations, as appropriate, to the Board, on the quality implications of budget proposals within the annual planning process;
5. Recommend education programs concerning quality and patient safety for members of the Committee and the Board;
6. The Committee submits meeting reports to the Board and retains the minutes of its meetings.

Membership

Voting

1. CEO
2. One member of the Medical Advisory Committee (Chief of Staff or delegate)
3. Chief Nursing Executive
4. A person who works in the hospital who is not a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.
5. One Community Member
6. One PFAC member
7. At least three (3) elected Directors, one of whom will be appointed as Chair.

Non-voting

1. Board Chair
2. CFO

Frequency of Meetings

The Committee will meet quarterly, or at the call of the Chair.

Quorum

More than 50% of members entitled to vote