



## Huron Perth Healthcare Alliance

# QUALITY COMMITTEE

### Terms of Reference

#### **ROLE**

The Quality Committee reports to the Board and is the quality committee for the purposes of the *Excellent Care for All Act*, 2010. The Committee will ensure that quality of care and patient safety are integral components of the governance and management processes of HPHA; that effective processes are in place to monitor and review quality, patient safety and risk; and that clinical programs and services are relevant to the communities' population health needs.

#### **MEMBERSHIP**

**Voting members** (1/3 of which must be voting Board members)

5 Board members with voting privileges

President and Chief Executive Officer

Chief of Staff

Vice President Partnerships and Chief Nursing Executive

Member of the Medical Advisory Committee

Representative from each Local Advisory Committee (4)

Vice-President, People and Chief Quality Executive

Patient Partner

Patient Partner

#### **Resource Members**

Director, Quality and Risk

Manager, Quality and Risk

Corporate Lead, Patient Experience and Privacy

Director, Decision Support and Financial Planning

The Chair of the Quality Committee is a voting member of the Board.

#### **FREQUENCY OF MEETINGS**

The Committee shall meet a minimum of 6 times/year and at the call of the Chair.

#### **TERMS**

- A quorum will consist of a majority of voting members being present
- Committee meetings are not public meetings; non-Committee persons may attend at the invitation of the Committee Chair.

## **RESPONSIBILITIES**

The Quality Committee is responsible to the Board for the following:

### **Strategic Matters**

- Oversee preparation of annual Quality Improvement Plan in accordance with the *Excellent Care for All Act (2010)* and recommend to Board.
- Oversee HPHA's plan to prepare for Accreditation.
- Advise the Board on matters pertaining to the overall quality and safety of patient care and services and as they relate to the strategic priorities of HPHA.

### **Governance Processes**

- Ensure processes are in place to facilitate best practice and adherence to quality and patient safety standards in accordance with legislation, regulated Colleges and recognized external organizations including Accreditation Canada.
- Ensure policies and systematic processes exist to effectively assess and improve the quality of care, programs and services.

### **Quality Monitoring**

- Monitor and report on quality and patient safety issues and overall quality of services with respect to access to care, patient experience and safety.
- Review, monitor and evaluate the quality processes and performance indicators established or mandated for the performance of the organization.
- Consider and make recommendations on quality improvement initiatives and policies to ensure quality objectives are met and maintained.
- Receive recommendations from the Medical Advisory Committee regarding systemic or recurring quality of care issues
- Review Accreditation reports and any plans required to be implemented to improve performance and correct deficiencies.

### **Risk Management**

- Receive and review quarterly an aggregated patient safety incident report about all patient safety incidents occurring at the hospital.
- Ensure processes are in place to mitigate or reduce the risk of patient safety incidents.

and any other responsibilities as outlined in the regulations of the *Excellent Care for All Act (2010)*.

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