



TERMS OF REFERENCE **BOARD QUALITY COMMITTEE**

Authority: The Board Quality Committee operates as a Standing Committee under the authority of the Board of Directors and as outlined in the Stevenson Memorial Hospital (SMH) Corporate By-laws, Article 8 and as mandated by the Excellent Care for All Act 2010. No decision of this Committee shall be binding on the Board until approved or ratified by the Board.

Membership and Quorum: Quorum of a Standing Committee for the purpose of conducting business will be more than 50% of the voting members of the Committee.

The presence of Board Chair or Board Vice-Chair at Committee meetings counts towards quorum whereas the absence of the Board Chair or Board Vice-Chair at Committee meetings does not count against quorum. For greater clarity, the intent of this rule is to recognize that the Board Chair or Board Vice-Chair may not attend every meeting.

The members of the Board Quality Committee shall consist of:

Voting Members:

1. at least three elected Directors, one of whom will serve as Chair;
2. up to two Advisory Members with specific skill sets that will support the work of the Committee;
3. one Base Borden Representative;
4. A member of the Medical Advisory Committee or President of the Professional Staff Association;
5. Chief Nursing Executive;
6. Chief Executive Officer (CEO);
7. one person who works in the hospital who is not a member of the College of Physicians & Surgeons of Ontario or College of Nurses of Ontario;
8. Board Chair, ex-officio; and
9. Board Vice-Chair, ex-officio.

Non-Voting Members:

10. Chief of Staff;
11. up to two Patient and Family Advisory Council representatives; and
12. Coordinator, Quality, Risk and patient Experience.

Mandate: It is responsible to the board for quality and safety issues and the overall quality and safety of services provided by the hospital by ensuring appropriate mechanisms are in place for monitoring, evaluating and improving the quality of safe patient care and education.

The Board Quality Committee shall:

1. provide oversight of the annual Quality Improvement Plan (QIP) to ensure compliance with The Excellent Care for All Act, 2010 and organizational objectives are met;

2. receive and monitor reports and provide advice to the Board on matters related to Accreditation (hospital and departmental);
3. review and recommend amendments to Board policies related to Quality;
4. receive and review reports and consider recommendations from management and relevant hospital committees including Medical Advisory Committee, Hospital Quality of Care Committee and Ethics Committee;
5. receive reports of critical incidents related to patient care; and monitor mitigating strategies;
6. receive and recommend for Board approval the Integrated Risk Management Plan and the HIROC (Healthcare Insurance Reciprocal of Canada) Risk Assessment Checklist as related to patient care and monitor identified mitigating strategies;
7. receive and forward to the Board the Integrated Quality and Patient Safety Plan;
8. review the Board scorecard as it relates to Quality the QIP and make recommendations to the Board;
9. monitor employee satisfaction surveys; every 3 years;
10. receive program updates from various departments as scheduled;
11. receive annually the report on SMH emergency preparedness;
12. review annually the Committee Terms of Reference;
13. prepare an annual work plan for the Committee describing topics to be addressed at each meeting; and
14. assume such other duties as may be assigned from time to time by the Board.

Administration: Support is provided by the office of the CEO.

Reporting: The Committee reports to the Board of Directors.

Schedule: The Committee meets at least four (4) times per year at the call of the Chair.

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| Original Effective Date: Nov 08 |
| Reviewed/Revised Date: Nov 11; Feb 12; May 12; Sept 12; Feb 13; Dec 14; Dec 15; Oct 16, Mar 17, Sept 19 |