TERMS OF REFERENCE
BOARD QUALITY COMMITTEE

Authority: The 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 Board Policies V-A-2, Roles and Responsibilities of the Board of Directors; V-A-3, Roles and Responsibilities of Individual Board Directors; V-A-7 Board Standing and Special Committees. 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 at Committee meetings counts towards quorum; whereas; the absence of the Board Chair at Committee meetings does not count against quorum. For greater clarity, the intent to this rule is to recognize that the Board Chair may not attend every meeting.

The members of the Quality Committee shall consist of:

Voting Members:
1. at least three (3) elected Directors, one of whom will serve as Chair;
2. up to two (2) Advisory Members with specific skill sets that will support the work of the Committee;
3. President of the Medical Staff;
4. Vice-President/Chief Nursing Officer;
5. Chief Executive Officer (CEO);
6. one (1) 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; and
7. Board Chair, ex-officio.

Non-Voting Members:
8. Chief of Staff;
9. up to two (2) Patient and Family Advisory Committee representative;
10. two (2) co-Chairs of the Corporate Quality Committee; and
11. Manager, Quality and Risk.

Mandate: The Quality Committee shall focus on the quality of patient care and patient safety and shall:
1. monitor reports and provide advice to the Board on matters related to Accreditation (hospital and departmental) and programming and policies that affect patients who utilize the hospital's services;
2. consider and recommend definitions, policies, standards, process and outcome benchmarks, or other means by which the overall performance of the hospital and its programs can be measured;

3. review reports and consider recommendations from management and relevant hospital committees regarding the quality of patient care, patient safety, best practice initiatives, and the results of other quality evaluation activities carried out by the hospital, including changes that may be required as a result of government policy;
4. review reports of critical incidents to ensure that such incidents are analyzed to identify steps to reduce or eliminate systemic problems;
5. review the Hospital's mortality rate with management on an annual basis;
6. ensure that SMH is filling its role within the Local Health Integration Network (LHIN) region by fostering effective coordination of patient care and positive working relations with Southlake Regional Health Centre (SRHC) and other health service provider organizations;
7. review all quality information required to be submitted or reported to external groups/agencies;
8. recommend Board policies for risk management related to patient care, monitor the processes used to identify and control hospital liability and review relevant reports;
9. review and recommend for approval, Board policies as required relating to the ethical dimensions of the hospital's health care activities;
10. monitor the hospital's processes directed at ensuring that patient care programs and services and the various quality improvement and quality control activities of the hospital are in compliance with internal and external accreditation;
11. assess on a regular basis the hospital's total quality management related activities and results and report to the Board;
12. review on a regular basis reports from the meetings of Advisory Members of the Hospital or other community advisory groups as established by SMH from time to time;
13. review on a regular basis adherence to the hospital's standards on emergency preparedness education and drills;
14. prepare an annual work plan for the Committee describing topics to be addressed at each meeting for approval by the Board; and
15. 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 and Vice-President/Chief Nursing Officer.

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.

Original Effective Date: Nov 08
Reviewed/Revised Date: Nov 11; Feb 12; May 12; Sept 12; Feb 13; Dec 14; Dec 15; Oct 2016