

5.3-4 Board Quality Committee Terms of Reference

Authority & Reporting. The Board Quality Committee operates as a Standing Committee under the authority of the Board and as outlined in the Corporate By-Law, Article 8, and as mandated by the *Excellent Care for All Act, 2010*. The Board Quality Committee reports to the Board; no decision of the Board Quality Committee shall be binding on the Board until approved or ratified by the Board.

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

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

Membership and Quorum. Quorum shall consist of more than 50% of the voting members who are present. If absent, the Board Chair or Board Vice-Chair do not count toward quorum. Note, the term Director means elected Director.

The members of the Board Quality Committee shall consist of:

Voting Members	<ul style="list-style-type: none"> • At least three Directors, one of whom will be the Chair • Up to two Advisory Members with specific skills and knowledge required to support the work of the Committee • One Canadian Forces Base Borden representative • One member of the Medical Advisory Committee or the President of the Professional Staff Association • Chief Nursing Executive • CEO • One person who works in the Hospital and who is neither a member of the College of Physicians & Surgeons of Ontario nor of the College of Nurses of Ontario • Board Chair • Board Vice-Chair
Non-Voting Members	<ul style="list-style-type: none"> • COS • Up to two Patient & Family Advisory Council representatives • Quality, Risk and Patient Experience Director

Mandate. The Board Quality Committee guides the Board on the overall quality and safety of services provided by SMH by ensuring appropriate mechanisms are in place for monitoring, evaluating and improving the quality of safe patient care and education. Except where otherwise noted, the Board Quality Committee shall annually do the following work on behalf of the Board and submit nominations and recommendations for approval by the Board:

1. Review the Quality Improvement Plan (QIP) for compliance with the relevant legislation and for assurance that SMH quality objectives are being met.
2. Receive, review and recommend the Integrated Quality and Patient Safety Plan.
3. Receive and review reports, monitor mitigating strategies and make recommendations as necessary:
 - a. on matters related to hospital and departmental accreditations;
 - b. on matters related to quality and safety of services from management and relevant hospital committees including Medical Advisory Committee, Hospital Quality of Care Committee and Ethics Committee;
 - c. on critical incidents related to patient care;
 - d. on matters related to patient care in the Integrated Risk Management Plan and the Healthcare Insurance Reciprocal of Canada (HIROC) Risk Assessment Checklist; and
 - e. on emergency preparedness
4. Review the Board scorecard for Quality and the QIP, and make recommendations as necessary.
5. Review the employee satisfaction survey every three years.
6. Receive program updates from SMH departments as scheduled.
7. Review Board policies for which the Board Quality Committee is responsible and make amendment recommendations through GNC as required.
8. Review the Board Quality Committee Terms of Reference annually and recommend amendments as necessary; every third year, review Terms of Reference jointly with the Governance and Nominating Committee.
9. Prepare and recommend the Board Quality Committee work plan.
10. Assume such other duties as may be assigned from time to time by the Board.

References

Excellent Care for All Act, 2010, Statutes of Ontario (2010, c. 14)