



TERMS OF REFERENCE QUALITY AND SAFETY COMMITTEE

Purpose

To advise the Board and provide appropriate recommendations in respect of matters of quality and safety. To take a leadership role in influencing a culture of quality and safety.

Responsibilities

Provide oversight of and report to the Board on:

1. Quality of care delivered in the Hospital, quality improvement initiatives and related Board policies.
2. Quality improvement plan prepared on annual basis.
3. Communications to stakeholders on quality and safety performance, including the annual quality improvement plan and quality indicators posted on the Hospital's website.
4. Regular reports received from the Chief Executive Officer and the Medical Advisory Committee in respect of quality of care, critical incidents and actions taken to mitigate identified risks.
5. Establishment of a committee that will review critical incidents and prepare corrective actions to mitigate identified risks under the protection of the Quality of Care Information Protection Act (QCIPA).
6. Establishment of workplace safety policies pursuant to the Occupational Health and Safety Act.
7. Risk management strategies that reflect best practices.
8. Development and distribution of patient and staff satisfaction surveys and, where applicable, incorporation of findings into quality improvement plans.
9. Utilization management strategies related to patient care, discharge planning and continuity of care with other health service providers.
10. Interprofessional practice framework, strategies and initiatives.
11. Emergency, disaster and pandemic plans and their respective readiness.
12. Information management strategies including eHealth initiatives.
13. The Hospital's readiness for Accreditation.
14. Ongoing education for Committee members.

Oversight responsibilities will be shared with either the full Board (Committee of the Whole), or jointly with other Board Committees for the following: annual operating and capital budgets; integration proposals; and, strategic plan.



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Membership

Voting: A minimum of one-third (1/3) of the elected board members, one of whom shall be Chair. One or more community members.

Non-voting:

- President and CEO
- Chief of Staff or designate from the Medical Advisory Committee
- Chief Nursing Executive
- President of the NHH Auxiliary or delegate
- Chair of the NHH Foundation or delegate
- One regulated health professional employed by NHH who is neither a nurse or physician

Frequency of Meetings

The Committee shall meet no less frequently than monthly during the period August to May and at the call of the Chair.

Reporting Relationships

The Committee shall report following each meeting to the next meeting of the Board of Directors.

Approved: November 2002

(R) January 2005

(R) October 2007

(R) September 2008

(R) September 2009

(R) August 2010

(R) August 2011