

TERMS OF REFERENCE QUALITY AND SAFETY COMMITTEE

Purpose

- To monitor activities across the hospital aimed at improving quality of care, patient/staff safety.
- To monitor risks and relevant mitigating strategies related to quality of patient care and safety.
- To advise the Board and provide appropriate recommendations in respect of matters of quality, risk and safety.
- To monitor the work of the Medical Staff related to quality of care and patient safety
- To ensure the organization is meeting Occupational Health and Safety standards and Emergency Preparedness
- To monitor patient and staff satisfaction and actions taken to improve satisfaction rates as needed.
- To take a leadership role in influencing a culture of quality and safety.

Responsibilities

1. Quality of Care and Safety

- Oversee the development of and recommend to the Board the annual Quality Improvement Plans and Quality Indicator Reports.
- Review communication to stakeholders on quality and safety performance, including the annual quality improvement plan and quality indicators posted on the Hospital's website.
- Review and comment on performance related to the annual Quality Improvement Plan and Quality Indicator Reports on a quarterly basis.
- Monitor action plans to address Quality Indicator Report and Quality Improvement Plan indicators that are not reaching target.
- Review reports of the incidence of patient complaints, patient/staff incidents, and case reviews twice annually (sentinel events will be reviewed as they occur).
- Receive and discuss "Quality through the patient's eyes" reports.
- Review annually the Hospital's status in complying with Accreditation Canada's Required Organizational Practices related to quality patient care and safety.
- Review and discuss information related to staff/physician resource issues that may impact the quality and safety of patient care.
- Receive and discuss reports from the Patient and Family Advisory Council.

2. Risk to Quality of Care and Safety

- Receive and review quarterly reports on the high risk/high consequence areas related to quality patient care and safety

3. Medical Staff Activity

- Receive and review information as required from the Chief of Staff, on medical staff activities underway to improve quality and safety of patient care.



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4. Health and Safety

- Ensure the establishment of workplace safety policies and procedures pursuant to the Occupational Health and Safety Act.
- Ensure the Hospital has in place the necessary emergency, disaster and pandemic plans and its readiness to implement if needed.

5. Patient, Staff, and Physician Satisfaction

- Ensure that patient, staff, and physician satisfaction surveys are conducted regularly and, where applicable, are incorporated into quality improvement plans.

Membership

- A minimum of five (5) elected Board Directors, including the Board Chair or Board Vice Chair; one of whom shall be Chair and one Vice-Chair of the Committee
- A maximum of four (4) Community Member(s).
- CEO, an ex-officio member (non-voting)
- Chief of Staff, an ex-officio member (non-voting)
- Chief Nursing Executive, an ex-officio member (non-voting)
- President of the Auxiliary, an ex-officio member (non-voting)
- Chair of the NHH Foundation Board (or delegate), an ex-officio member (non-voting)
- President and/or Vice President of the Medical Staff Association (or delegate), an ex-officio member (non-voting)
- One regulated health professional employed by NHH who is neither a nurse or physician, an ex-officio member (non-voting)
- Medical Quality Physician Lead

The Chief Human Resources Officer and Director of Quality shall attend all meetings of the Committee and act as staff support to the Committee.

Frequency of Meetings and Quorum

The Committee shall meet five (5) times per fiscal year during the period September to May or at the call of the Chair.

No business may be transacted by the Committee at a meeting unless a quorum of the Committee is present. 50% plus 1 of the members of the Committee shall constitute a quorum.

Reporting Relationships

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

Approved: November 2002



**TERMS OF REFERENCE
QUALITY AND SAFETY COMMITTEE**

(R) January 2005 (R)
October 2007
(R) September 2008
(R) September 2009
(R) August 2010
(R) August 2011
(R) September 2012
(R) September 2013
(R) August 2014
(R) August 2015
(R) August 2016
(r) January 2017
(R) August 2017
(R) September 2018
(r) August 2019
(R) September 2020
(R) September 2021
(R) September 2022
(R) September 2023
(R) September 2024

(R) – reviewed
(r) – revised